2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000040342

1. Entity Name

ANDREWS & MILLER, P.A.



FILED Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

8543 S. HWY 441 LEESBURG, FL 34788 Mailing Address

P.O. BOX 491271 LEESBURG, FL 34749-1271



02042004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-3184597

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEWELL, STEPHEN G 907 WEBSTER STREET LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE

LEESBURG, FL 34748				IN THIS SPACE		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D ANDREWS, DANIEL M 33640 OVERTON DRIVE LEESBURG, FL 34788				U00000137480 04/29/04-80043-001 150.00	
THE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, ERNEST F JR 35911 LAKE UNITY NURSERY RD. FRUITLAND PARK, FL 34731				(MY 100) OT 1000TO 1001 130, 00	
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	4			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST+ZIP						
TIFLE			1			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of these empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with applications that my name appears in Block 10 or Block 11 if the empowered.

SIGNATURE

STREET AODRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

E. F. Miller, VA SEC/MAN

4/4/04 181

Davtme Phone #