


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90678 022 \*\*\*150.00

**DOCUMENT # P93000044307**

1. Entity Name  
**ANDREWS SALES AGENCY, INC.**



Principal Place of Business      Mailing Address

~~3838 W. NEPTUNE STREET~~      ~~3838 W. NEPTUNE STREET~~  
 SUITE C      SUITE C  
 TAMPA FL 33629      TAMPA FL 33629



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address

**4026 Henderson Blvd**      **4026 Henderson Blvd**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Tampa FL**      **Tampa FL**

Zip      Country      Zip      Country

**33629 USA**      **33629 USA**

4. FEI Number      Applied For

**59-3193498**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDREWS, DANA G SR**  
**4807 BAYSHORE BLVD**  
**TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City      **FL**      Zip Code \_\_\_\_\_

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: *Elizabeth M. Lowry*      DATE: **2-25-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CHM	<input type="checkbox"/> Delete
NAME	ANDREWS, ROBERT H	
STREET ADDRESS	3104 W. SAN RAFAEL ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOWRY, ELIZABETH M	
STREET ADDRESS	3302 SAN NICHOLAS ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ANDREWS, BETTY J	
STREET ADDRESS	3104 W. SAN RAFAEL STREET	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or trustee 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 an address, with all other like empowered.

SIGNATURE: *Elizabeth M. Lowry*      Date: **2-25-04**      Daytime Phone #: **813-289-2812**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #