


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000044307
1. Entity Name
ANDREWS SALES AGENCY, INC.



Principal Place of Business 4026 HENDERSON BLVD. TAMPA, FL 33629	Mailing Address 4026 HENDERSON BLVD. TAMPA, FL 33629
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3193498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANDREWS, DANA G SR
4807 BAYSHORE BLVD
TAMPA, FL 33611

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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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHM ANDREWS, ROBERT H 3104 W. SAN RAFAEL ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWRY, ELIZABETH M 3302 SAN NICHOLAS ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDREWS, BETTY J 3104 W. SAN RAFAEL STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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* Elizabeth M. Lowry President 4-28-05 813-289-2812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #