

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044307

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

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

**Current Principal Place of Business:**

4026 HENDERSON BLVD.  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

4026 HENDERSON BLVD.  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 59-3193498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ANDREWS, DANA G SR  
5601 MARINER ST. - #100  
TAMPA, FL 33609 US

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.

SIGNATURE: DANA G. ANDREWS

04/25/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CHM ( ) Delete  
Name: ANDREWS, ROBERT H  
Address: 3104 W. SAN RAFAEL ST  
City-St-Zip: TAMPA, FL 33629

Title: P ( ) Delete  
Name: LOWRY, ELIZABETH M  
Address: 3302 SAN NICHOLAS ST  
City-St-Zip: TAMPA, FL 33629

Title: ST ( ) Delete  
Name: ANDREWS, BETTY J  
Address: 3104 W. SAN RAFAEL STREET  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H. ANDREWS

CHM

04/25/2006

Electronic Signature of Signing Officer or Director

Date