

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044307

FILED  
Apr 14, 2012  
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  
1000 N. ASHLEY - SUITE 504  
TAMPA, FL 33602 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT H ANDREWS

CHM

04/14/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date