2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000059304

1. Entity Name

A & N SALES, INC.

Principal Place of Business	Mailing Address
4901 C RIO VISTA AVE TAMPA FL 33634 US	4901 C RIO VISTA AVE TAMPA FL 33634 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt. #, etc.	1st MOORE CR2E034 (10/06)
City & State	City & State	4. FEI Number 59-3199934	Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHRISTY, ARTHUR R III 4901 C RIO VISTA AVE TAMPA FL 33634	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 _____

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, 2007 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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CHRISTY, NANCY R		NAME	U000006796L6 04/03/07-80046-001 150.00		
STREET ADDRESS	7001 PAT BLVD.		STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP			
TITLE	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CHRISTY, ARTHUR R III		NAME			
STREET ADDRESS	7001 PAT BLVD		STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP			
TITLE	ST	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CHRISTY, JEFFREY ARTHUR		NAME			
STREET ADDRESS	6253 DUCK KEY COURT		STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33625		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _A.R. CHRISTY III_   3/15/07   813 881-4000

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