

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000080948

1. Entity Name  
ANDREW'S OF PENSACOLA, INC.Principal Place of Business  
6027 N 9TH AVE  
PENSACOLA, FL 32504Mailing Address  
6027 N 9TH AVE  
PENSACOLA, FL 32504

FILED  
08 SEP 30 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3353886	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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## 6. Name and Address of Current Registered Agent

LUCAS, ARCHIE A  
13 SRANT DR  
PENSACOLA, FL 32505DO NOT WRITE  
IN THIS SPACE

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.

600136520316  
10/01/08--01024--018 \*\*1650.00

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 \$550.00  
Due by September 12, 20089. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUCAS, ARCHIE A
STREET ADDRESS	13 SRANT DR
CITY - ST - ZIP	PENSACOLA, FL 32504

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-76-08

850 455 8676