

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2008 8:00 am**  
**Secretary of State**

06-05-2008 90003 013 \*\*\*150.00

**DOCUMENT # P97000065058**

1. Entity Name  
**THE MICHAEL ANDREW COMPANY**



Principal Place of Business  
**503 WESTMINSTER ST.  
ORLANDO, FL 32803**

Mailing Address  
**503 WESTMINSTER ST.  
ORLANDO, FL 32803**

**60044104**



06022008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3458565** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MECHELKE, MICHAEL A  
503 WESTMINSTER ST.  
ORLANDO, FL 32803**

**7. Name and Address of New Registered Agent**

Name **ANDREW, MICHAEL M.**

Street Address (P.O. Box Number is Not Acceptable)  
**503 WESTMINSTER ST**

City **ORLANDO** FL Zip Code **32803**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE **DPS** ☐ Delete  
NAME **MECHELKE, MICHAEL A**  
STREET ADDRESS **503 WESTMINSTER ST.**  
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Add  
NAME **MICHAEL M. ANDREW**  
STREET ADDRESS **503 WESTMINSTER ST**  
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

ATTACHMENT

60044102

#pg7 600065058

**THE MICHAEL ANDREW COMPANY**

**503 WESTMINSTER STREET • ORLANDO, FL 32803-1043**

**(407) 897 - 1237**

DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

6/2/08

Dear Department of State,

Please accept my payment of \$150 for "2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)".

I realize that this was actually due by May 1<sup>st</sup>, however, I've been out of town on business since early in the year and discovered the form yesterday.

I am hoping you can make an exception and accept the fee of \$150.

Also, please note, I have changed my legal name to: MICHAEL ANDREW (From Michael Andrew Mechelke).

With Sincere thanks,

A large, stylized handwritten signature in black ink, appearing to read 'Michael Andrew', is written over the typed name.

Michael Andrew

CEO, The Michael Andrew Company