

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000066492

1. Entity Name
ANDOVER MANAGEMENT COMPANY, INC.



Principal Place of Business
10375 SAW PIT ROAD
JACKSONVILLE, FL 32226

Mailing Address
908 N. LOXAHATCHEE DR.
JUPITER, FL 33458



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0778406

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KELLEY, CRAIG I
908 N. LOXAHATCHEE DR.
JUPITER, FL 33458

**DO 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.

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000427222
02/20/06-80072-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	KELLEY, CRAIG I
STREET ADDRESS	908 N. LOXAHATCHEE DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	PD
NAME	KELLEY, BARB
STREET ADDRESS	10375 SAWPIT ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	DS
NAME	CURRY, JOYCE
STREET ADDRESS	1150 SECRET LAKE LOOP
CITY-ST-ZIP	LINCOLN, CA 95648
TITLE	D
NAME	CURRY, NICOLE
STREET ADDRESS	47173 MALE TERRACE
CITY-ST-ZIP	FREMONT, CA 94539
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Craig I. Kelley, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06

Date

561-491-1200

Daytime Phone #