

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P97000066492

1. Entity Name  
ANDOVER MANAGEMENT COMPANY, INC.



Principal Place of Business  
9023 TROPICAL BEND CIRCLE  
JACKSONVILLE, FL 32256

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



01112008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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	9023 TROPICAL BEND CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
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	

U000000791962  
01/23/08-80099-001 150.00

**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 #

*Craig I. Kelley, Vice Pres*

1/14/08

561-491-1200