

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066492

FILED
Jan 16, 2009
Secretary of State

Entity Name: ANDOVER MANAGEMENT COMPANY, INC.

Current Principal Place of Business:

9023 TROPICAL BEND CIRCLE
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

908 N. LOXAHATCHEE DR.
JUPITER, FL 33458

New Mailing Address:

9023 TROPICAL BEND CIRCLE
JACKSONVILLE, FL 32256

FEI Number: 65-0778406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KELLEY, BARBARA L
9023 TROPICAL BEND CIRCLE
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: BARBARA KELLEY

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: KELLEY, CRAIG I
Address: 908 N. LOXAHATCHEE DRIVE
City-St-Zip: JUPITER, FL 33458

Title: PD () Delete
Name: KELLEY, BARB
Address: 9023 TROPICAL BEND CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS () Delete
Name: CURRY, JOYCE
Address: 1150 SECRET LAKE LOOP
City-St-Zip: LINCOLN, CA 95648

Title: D () Delete
Name: CURRY, NICOLE
Address: 47173 MALE TERRACE
City-St-Zip: FREMONT, CA 94539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KELLEY, BARBARA L
Address: 9023 TROPICAL BEND CIR
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP (X) Change () Addition
Name: KELLEY, CRAIG I
Address: 908 N. LOXAHATCHEE DR
City-St-Zip: JUPITER, FL 33458

Title: DS (X) Change () Addition
Name: CURRY, JOYCE
Address: 396 SAWMILL LANE
City-St-Zip: LINCOLN, CA 95648

Title: D (X) Change () Addition
Name: WHALEN, NICOLE
Address: 5683 LILAC BLOSSOM LANE
City-St-Zip: SAN JOSE, CA 95124

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA KELLEY

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date