2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000005873

1. Entity Name
ANDREWS BROTHERS PRINTING, INC.

Principal Place of Business	Mailing Address
131 HOSPITAL DR. FORT WALTON BEACH, FL 32548	P.O.BOX 4460 FT.WALTON BEACH, FL 32549

DO NOT WRITE IN THIS SPACE

00282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3325118

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDREWS, DALE
613 BURGUNDY LANE
FORT WALTON BEACH, FL 32548

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 Dale J Andrews, Owner-Pres 6/28/05
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent's signature required for filing) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDREWS, DALE
STREET ADDRESS	613 BURGUNDY LANE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	VP
NAME	ANDREWS, DERRELL
STREET ADDRESS	8962 ELLEN CT.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	T
NAME	ANDREWS, DEBBIE
STREET ADDRESS	613 BURGUNDY LANE
CITY-ST-ZIP	FT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/01/05-80002-001 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dale J Andrews, Owner Pres 6/28/05 850-244-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #