

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098553

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** ANDREW LAWYER RECONSTRUCTION SERVICES, INC.

**Current Principal Place of Business:**

8834 SAPPHIRE DRIVE  
B  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14107  
TALLAHASSEE, FL 323174107 US

**New Mailing Address:**

FEI Number: 59-3609066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAWYER, ANDREW II  
8834 SAPPHIRE DR.  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

LAWYER II, ANDREW  
8834 SAPPHIRE DR.  
TALLAHASSEE, FL 32309 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: ANDREW LAWYER II

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: LAWYER, ANDREW II  
Address: 8834 SAPPHIRE DR  
City-St-Zip: TALLAHASSEE, FL 323097284

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANDREW LAWYER II

MR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date