

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22446

FILED
Feb 08, 2007
Secretary of State

Entity Name: ANDY ROBERTS SERVICE, INC.

Current Principal Place of Business:

35 GIBSON RD.
SOPCHOPPY, FL 32358 US

New Principal Place of Business:

Current Mailing Address:

35 GIBSON RD.
SOPCHOPPY, FL 32358 US

New Mailing Address:

FEI Number: 59-3053791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, ANDREW L
35 GIBSON RD
SOPCHOPPY, FL 32358 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS, ANDREW L.,
Address: 35 GIBSON RD.
City-St-Zip: SOPCHOPPY, FL

Title: STD () Delete
Name: ROBERTS, CHRISTEL M.,
Address: 35 GIBSON RD.
City-St-Zip: SOPCHOPPY, FL

Title: T () Delete
Name: CHRISTEL, ROBERTS M
Address: 85 GIBSON RD
City-St-Zip: SOPCHOPPY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROBERTS, ANDREW L.,
Address: 35 GIBSON RD.
City-St-Zip: SOPCHOPPY, FL 32358

Title: STD (X) Change () Addition
Name: ROBERTS, CHRISTEL M.,
Address: 35 GIBSON RD.
City-St-Zip: SOPCHOPPY, FL 32358

Title: T (X) Change () Addition
Name: CHRISTEL, ROBERTS M
Address: 85 GIBSON RD
City-St-Zip: SOPCHOPPY, FL 32358

I hereby certify that the information supplied with this filing does not qualify for the 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 L. ROBERTS

PD

02/08/2007

Electronic Signature of Signing Officer or Director

Date