

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 08, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/05)

|   |   |                                 |  |   |  |
|---|---|---------------------------------|--|---|--|
| <b>DOCUMENT # S31965</b><br>1. Entity Name<br><b>ANDREWS INVESTMENT CORP.</b>   |   |                                 |  |   |  |
| Principal Place of Business<br><b>6128 ORANGE HILL CT<br/>ORLANDO FL 32819</b>  |   |                                 | Mailing Address<br><b>6128 ORANGE HILL CT<br/>ORLANDO FL 32819</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                          |   |  |
| City & State  |   |                                 | City & State   |   |  |
| Zip   |   | Country                         |  | 4. FEI Number<br><b>59-3050665</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ANDREWS, MICHAEL S.<br/>6128 ORANGE HILL CT<br/>ORLANDO FL 32819</b>  |   |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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. |   |                                 |  | \$8.75 Additional Fee Required  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |   |                                 |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |                                 |  |   |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |   |                                 |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>ANDREWS, MICHAEL S.<br>6128 ORANGE HIL CT<br>ORLANDO FL | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>ANDREWS, DEBRA P.<br>6128 ORANGE HILL CT<br>ORLANDO FL   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____                                       | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____                                       | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____                                       | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____                                       | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____                                       | <input type="checkbox"/> Delete |  |   |  |

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02/18/06-80092-013 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fee empowered.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 1-28-2006 Daytime Phone #: 407-492-4444