



2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90382 046 ***150.00

DOCUMENT # S96130			
1. Entity Name T. ANDREWS, INC.			
Principal Place of Business P. O. BOX 411 PONTE VEDRA BEACH FL 32004		Mailing Address P. O. BOX 411 PONTE VEDRA BEACH FL 32004	
2. Principal Place of Business - No P.O. Box # 217 S. ORANGE ST		3. Mailing Address P.O. Box 411	
Suite, Apt. #, etc. STARKE, FL 32091		Suite, Apt. #, etc. Ponte Vedra Bch	
City & State STARKE, FL		City & State Ponte Vedra Bch FL	
Zip 32091	Country USA	Zip 32004	Country USA
6. Name and Address of Current Registered Agent ANDREWS, THOMAS R. 19 SOLANA ROAD 93 S ROSCOE BLVD PONTE VEDRA BEACH FL 32082		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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:  DATE: April 11, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY - ST - ZIP	D ANDREWS, THOMAS R. 93 S ROSCOE BLVD PONTE VEDRA BEACH FL 32082 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDREWS, THOMAS R. 19 SOLANA ROAD 93 S ROSCOE BLVD PONTE VEDRA Bch FL 32082 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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1st MOORE CR2E034 (10/06)

4. FEI Number **59-3100607** Applied For ☐ Not Applicable ☒

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 2007 9042852201
Date Daytime Phone #

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 like empowered.