

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S96130

Entity Name: T. ANDREWS, INC.

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

217 S. ORANGE ST  
STARKE, FL 32091

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 411  
PONTE VEDRA BEACH, FL 32004

**New Mailing Address:**

FEI Number: 59-3100607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDREWS, THOMAS R OWNER  
93 S. ROSCOE BLVD  
PONTE VEDRA BEACH, FL 32082 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ANDREWS, THOMAS R.  
Address: 93 S ROSCOE BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: P  
Name: ANDREWS, THOMAS R.  
Address: 93 S. ROSCOE BLVD  
City-St-Zip: PONTE VEDRA BCH, FL 32082 US

Title: ST  
Name: ANDREWS, THOMAS R.  
Address: 93 S ROSCOE BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS R. ANDREWS

P

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date