


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # V33382 1. Entity Name ANDREWS CABINETS, INC.	
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Principal Place of Business 4025 BELL LANE MILTON, FL 32571	Mailing Address 4025 BELL LANE MILTON, FL 32571
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04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3131165	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDREWS, DEARL
5260 CRYSTAL CREEK DR
PACE, FL 32571

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, DEARL, JR. 5260 CRYSTAL CREEK DR PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREWS, DONALD W. 4700 WINTERDALE DR. PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, MARGIE B. 4025 BELL LANE MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDREWS, PAUL S. 4480 MUNDY LANE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDREWS, OLIVER S 1049 PEARSON RD MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000322544
04/22/05-80018-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/20/05 Daytime Phone # _____