2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # V33382

1. Entity Name
ANDREWS CABINETS, INC.

Principal Place of Business	Mailing Address
4025 BELL LANE MILTON, FL 32571	4025 BELL LANE MILTON, FL 32571

01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3131165

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDREWS, DEARL
5260 CRYSTAL CREEK DR
PACE, FL 32571

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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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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02/07/07-80065-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ✓ Dearl Andrews Dearl Andrews Jr 01/31/07 (850) 994-0836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #