

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000045824

**Entity Name:** ANDRE'S SERVICE CENTER HOLDING INC

**Current Principal Place of Business:**

1839 N MAIN STREET  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1839 N MAIN STREET  
JACKSONVILLE, FL 32206

**FEI Number:** 45-3996836

**Certificate of Status Desired:** Yes

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

WILLIAMS, ROWLAND V  
6411 ARLINGTON ROAD  
SUITE 01  
JACKSONVILLE, FL 32206 US

*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

**Officer/Director Detail :**

Title            CEOP  
Name            HADDAD, ANDRE  
Address        1839 N MAIN STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            TSD  
Name            HADDAD, ANDRE  
Address        1839 N MAIN STREET  
City-State-Zip: JACKSONVILLE FL 32206

*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:** ANDREA HADDAD

**OWNER**

**04/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date