

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000001052
1. Entity Name
ANDERSON CONTRACTING GROUP, INC.



Principal Place of Business Mailing Address
129 S. PARK 129 S. PARK
TITUSVILLE, FL 32796 TITUSVILLE, FL 32796

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

| | |
|---|-------------------------------|
| 4. FEI Number 04-3684149 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

5. Name and Address of Current Registered Agent

ANDERSON, DALE R
129 S. PARK
TITUSVILLE, FL 32796

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 | DP ANDERSON, DALE R 6401 WHISPERING LN. TITUSVILLE, FL 32780 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ANDERSON, KATHIE L 6401 WHISPERING LN TITUSVILLE, FL 32780 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000001889
01/12/04-80030-008 150.00

**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)(f), 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: _____ **8 January '04 (321) 267-4604**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #