

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068835

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: A A N D A, INC.

**Current Principal Place of Business:**

8084 N. DAVIS HIGHWAY F3  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

8084 N. DAVIS HIGHWAY F3  
PENSACOLA, FL 32514

**New Mailing Address:**

FEI Number: 61-1469731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALTENBURG, FRED  
8084 N. DAVIS HWY F3  
PENSACOLA, FL 32514 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: ALTENBURG, FRED  
Address: 8084 N. DAVIS HYW F3  
City-St-Zip: PENSACOLA, FL 32514

Title: VP ( ) Delete  
Name: ALTENBURG, PATRICIA  
Address: 8084 N. DAVIS HYW F3  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRED ALTENBURG

PST

04/22/2008

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

\_\_\_\_\_ Date