## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 012169**

Name:

Address:

City-St-Zip:

MCQUEEN, JOHN T

2201 DR. M.L. KING ST. N

ST PETERSBURG, FL 33704

Entity Name: ANDERSON-MCQUEEN COMPANY

FILED Mar 24, 2008 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	M.L. KING ST TERSBURG,				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	M.L. KING ST TERSBURG,				
FEI Number	: 59-0684119	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
The above in the State	e of Florida.	33704 US	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			ent	 Date	
Election Ca	mpaign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MCQUEEN, M 2201 DR. M.L		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCQUEEN, W 2201 DR. M.L		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title <sup>.</sup>	DVT (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM B. MCQUEEN DPS 03/24/2008