2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90022 012 ***158.75

DOCUMENT # 157015

1. Entity Name
HAROLD C. ANDERSON LUMBER CO INC

54002339

Principal Place of Business	Mailing Address
~~THEODORE M ANDERSON~~ Anderson Lumber 666 49TH ST SOUTH ST PETERSBURG, FL 33707	~~THEODORE M ANDERSON~~ Jeannette Anderson ~~666 49TH ST SOUTH~~ P.O. BOX 40067 ST PETERSBURG, FL ~~33707~~ 33743

01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0594217
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, JEANNETTE M.
540 CARILLON PARKWAY APT 1053
SAINT PETERSBURG, FL 33716

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD
NAME	ANDERSON, F. CHRISTIAN
STREET ADDRESS	540 CARILLON PARKWAY APT 1053
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	TD
NAME	LOGAN, LEANNE F.
STREET ADDRESS	11186 GLADE DRIVE
CITY-ST-ZIP	RESTON, VA 20191
TITLE	PD
NAME	ANDERSON, JEANNETTE M.
STREET ADDRESS	540 CARILLON PARKWAY APT 1053
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	SD
NAME	BRAIN, DEBRA
STREET ADDRESS	1570 ROCK CRESS PATH
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	D
NAME	MILLER, ROBERT M
STREET ADDRESS	2755 QUAIL HOLLOW RD W
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jeannette M. Anderson President 02/02/2004 (727) 572-5808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #