

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90060 035 \*\*\*150.00

**DOCUMENT # 157015**

1. Entity Name

HAROLD C. ANDERSON LUMBER CO INC



Principal Place of Business

ANDERSON LUMBER  
666 49TH ST SOUTH  
ST PETERSBURG FL 33707

Mailing Address

JEANNETTE ANDERSON  
P.O. BOX 40067  
SAINT PETERSBURG FL 33743

50009715



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete  
NAME ANDERSON, F. CHRISTIAN  
STREET ADDRESS 540 CARILLON PARKWAY APT 1053  
CITY-ST-ZIP SAINT PETERSBURG FL 33716

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME LOGAN, LEANNE F.  
STREET ADDRESS 11186 GLADE DRIVE  
CITY-ST-ZIP RESTON VA 20191

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME ANDERSON, JEANNETTE M.  
STREET ADDRESS 540 CARILLON PARKWAY APT 1053  
CITY-ST-ZIP SAINT PETERSBURG FL 33716

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME BRAIN, DEBRA  
STREET ADDRESS 1570 ROCK CRESS PATH  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MILLER, ROBERT M  
STREET ADDRESS 2755 QUAIL HOLLOW RD W  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME Miller, Richard W.  
STREET ADDRESS 8220 - 28th Avenue North  
CITY-ST-ZIP St. Petersburg, FL 33710

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Anderson* Jeannette Anderson

Date

Daytime Phone #

Jan. 26, 2005

(927) 572-5808