

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 157015

FILED  
Mar 27, 2006  
Secretary of State

Entity Name: HAROLD C. ANDERSON LUMBER CO INC

## Current Principal Place of Business:

ANDERSON LUMBER  
666 49TH ST SOUTH  
ST PETERSBURG, FL 33707

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-0594217      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, JEANNETTE M.  
540 CARILLON PARKWAY APT 1053  
SAINT PETERSBURG, FL 33716      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: VD ( ) Delete  
Name: ANDERSON, F. CHRISTI, AN  
Address: 540 CARILLON PARKWAY APT 1053  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: TD ( ) Delete  
Name: LOGAN, LEANNE F.  
Address: 11186 GLADE DRIVE  
City-St-Zip: RESTON, VA 20191

Title: PD ( ) Delete  
Name: ANDERSON, JEANNETTE, M.  
Address: 540 CARILLON PARKWAY APT 1053  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: SD ( ) Delete  
Name: BRAIN, DEBRA  
Address: 1570 ROCK CRESS PATH  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D ( ) Delete  
Name: MILLER, ROBERT M  
Address: 2755 QUAIL HOLLOW RD W  
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete  
Name: MILLER, RICHARD W  
Address: 8220-28TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: FREDERICK C ANDERSON

VD

03/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date