2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 157015

Entity Name: HAROLD C. ANDERSON LUMBER CO INC

FILED Mar 12, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
ANDERSO 666 49TH S ST PETERS		707					
Current Mailing Address:				New Mailing Address:			
JEANNETTE ANDERSON P.O. BOX 40067 SAINT PETERSBURG, FL 33743			JEANNETTE ANDERSON 666 49TH STREET SOUTH SAINT PETERSBURG, FL 33707				
FEI Number:	59-0594217	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Nam					Address of N	lew Registered Agent:	
ANDERSON, JEANNETTE M. 540 CARILLON PARKWAY APT 1053 SAINT PETERSBURG, FL 33716 US				ANDERSON, JEANNETTE M. 206 VALENCIA CIRCLE NORTH SAINT PETERSBURG, FL 33716 US			
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:				03/12/2007			
	Electronic	Signature of Registered Agen	t			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ANDERSON, F. C	ARKWAY APT 1053		Title: Name: Address: City-St-Zip:	ANDERSON, F. 666 49TH STRE		
Title: Name: Address: City-St-Zip:	TD () E LOGAN, LEANNE 11186 GLADE DI RESTON, VA 20	RIVE		Title: Name: Address: City-St-Zip:	LOGAN, LEANN	WIND STREET	
Title: Name: Address: City-St-Zip:	ANDERSON, JEA	ARKWAY APT 1053		Title: Name: Address: City-St-Zip:	ANDERSON, JE 206 VALENCIA	Change () Addition EANNETTE, M. CIRCLE NORTH BURG, FL 33716	
Title: Name: Address: City-St-Zip:	SD () E BRAIN, DEBRA 1570 ROCK CRE CRYSTAL RIVER	SS PATH		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () E MILLER, ROBER 2755 QUAIL HOL CLEARWATER, F	LOW RD W		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () E MILLER, RICHAR 8220-28TH AVEN SAINT PETERSB	IUE NORTH		Title: Name: Address: City-St-Zip:	()	Change () Addition	

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 03/12/2007