


FILED
May 04, 2007 8:00 am
Secretary of State

401006-

DOCUMENT # 231690

1. Entity Name
ANDERSON AND SETHNESS, INC.



Principal Place of Business
2485 E SUNRISE BLVD
STE 203
FORT LAUDERDALE, FL 33304

Mailing Address
P O BOX 4178
FT. LAUDERDALE, FL 33338

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

ZipCountry

ZipCountry

4. FEI Number
59-0881675

Applied For
Not Applicable

5. Certificate of Status Desired

CR2E034 (12/06)

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SETHNESS, III R. EDWARD
2485 E SUNRISE BLVD
STE 203
FT. LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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, 2007 Fee will be \$550.00

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	D	<input type="checkbox"/> Delete
NAME	SETHNESS, R. EDWARD III	
STREET ADDRESS	2486 E SUNRISE BLVD #203	
CITY- ST- ZIP	FT LAUDERDALE, FL 33304	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	PST	<input type="checkbox"/> Delete
NAME	SETHNESS, R. EDWARD, III	
STREET ADDRESS	2485 E SUNRISE BLVD	
CITY- ST- ZIP	FT LAUDERDALE, FL 33304	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

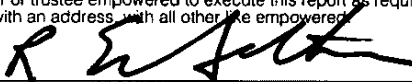
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.

SIGNATURE:  5/1/07 854 588670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #