


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

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	



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0881675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SETHNESS, R. EDWARD III 2486 E SUNRISE BLVD #203 FT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PST SETHNESS, R. EDWARD, III 2485 E SUNRISE BLVD FT LAUDERDALE, FL 33304
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**DO NOT WRITE
IN THIS SPACE**

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 names empowered.

SIGNATURE: R E SETHNESS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2808

9545686707

Date

Daytime Phone #

R EDWARD SETHNESS