2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# 234605

Entity Name: ANDERSON PIER INC

Current Principal Place of Business:

5550 NORTH LAGOON DRIVE
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

5550 NORTH LAGOON DRIVE
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 59-0897019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, KEN
5550 N. LAGOON DRIVE
PANAMA CITY BEACH, FL 32408 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: D ( ) Delete
Name: DAVIS, JUDY
Address: 3024 KING HARBOUR RD.
City-St-Zip: PANAMA CITY, FL 32405

Title: TD ( ) Delete
Name: ANDERSON, PAMELA
Address: 6505 PALM COURT
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VD ( ) Delete
Name: ANDERSON, KENNETH M
Address: 6505 PALM COURT
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: PD ( ) Delete
Name: DAVIS, GROVER W
Address: 3024 KING HARBOUR RD
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: ANDERSON, SANDERS C
Address: 1868 SHORE DR S APT 201
City-St-Zip: ST PETERSBURG, FL 33707

Title: SD ( ) Delete
Name: WHITFIELD, KIMBERLY
Address: 3302 HARBOUR PLACE
City-St-Zip: PANAMA CITY, FL 32405

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 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: PAM ANDERSON TD 02/19/2009
Electronic Signature of Signing Officer or Director Date