

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 12, 2005
Secretary of State**

DOCUMENT# 250657

Entity Name: R.L. ANDERSON, INC.

Current Principal Place of Business:

400 S. SEABOARD AVE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

400 S. SEABOARD AVE
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-0936434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FREEMAN, N. BRENT
400 S. SEABOARD AVE.
VENICE, FL 34292 US

Name and Address of New Registered Agent:

SCHULZ, THOMAS K
400 S. SEABOARD AVE.
VENICE, FL 34285 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: THOMAS K. SCHULZ 12/12/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FREEMAN, N. BRENT,
Address: 370 N RIVER RD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: SAUTTER, WILLIAM R.,
Address: 2701 GRANT AVE.
City-St-Zip: PHILADELPHIA, PA

Title: VP () Delete
Name: SCHULZ, TOM
Address: 2861 COLONADE LANE
City-St-Zip: NORTH PORT, FL 34286

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GLENNON, JAMES J
Address: 15192 FIDDLESTICKS BLVD
City-St-Zip: FT. MYERS, FL 33912 24

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

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

Title: T () Change (X) Addition
Name: MILLER, RICHARD S
Address: 18760 MCGRATH CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S () Change (X) Addition
Name: SCHULZ, TIMOTHY K
Address: 2631 MOHEGAN RD
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS K. SCHULZ VP 12/12/2005
Electronic Signature of Signing Officer or Director Date