

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 250657	
1. Entity Name R.L. ANDERSON, INC.	

Principal Place of Business 400 S. SEABOARD AVE VENICE FL 34285	Mailing Address 400 S. SEABOARD AVE VENICE FL 34285
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FCI Number 59-0936434	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHULZ, THOMAS K 400 S. SEABOARD AVE. VENICE FL 34285		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip 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.

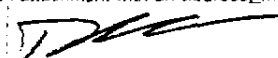
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	GLENNON, JAMES J			NAME			
STREET ADDRESS	15192 FIDDESTICKS BLVD			STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33912			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	SAUTTER, WILLIAM R.			NAME			
STREET ADDRESS	2701 GRANT AVE.			STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	SCHULZ, TOM			NAME			
STREET ADDRESS	2861 COLONADE LANE			STREET ADDRESS			
CITY-ST-ZIP	NORTH PORT FL 34285			CITY-ST-ZIP			
TITLE	T	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	MILLER, RICHARD S			NAME			
STREET ADDRESS	18760 MCGRATH CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL 33948			CITY-ST-ZIP			
TITLE	S	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	SCHULZ, TIMOTHY K			NAME			
STREET ADDRESS	2631 MOHEGAN RD			STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34293			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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

SIGNATURE:  **2-6-06 941-488-9633**