


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 250657 1. Entity Name R.L. ANDERSON, INC.	
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Principal Place of Business 400 S. SEABOARD AVE VENICE, FL 34285	Mailing Address 400 S. SEABOARD AVE VENICE, FL 34285
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0936434	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

SCHULZ, THOMAS K
400 S. SEABOARD AVE.
VENICE, FL 34285

**DO NOT WRITE
IN THIS SPACE**

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 _____

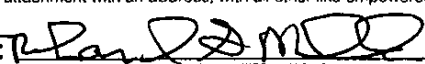
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000639698 02/28/07-80037-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLENNON, JAMES J 15192 FIDDLESTICKS BLVD FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUTTER, WILLIAM R. 2701 GRANT AVE. PHILADELPHIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHULZ, TOM 2861 COLONADE LANE NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, RICHARD S 18760 MCGRATH CIRCLE PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHULZ, TIMOTHY K 2631 MOHEGAN RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 like empowered.

SIGNATURE:  RICHARD S. MILLER 2-16-07 941-488-9633

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