## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 250657** 

Entity Name: R.L. ANDERSON, INC.

FILED Feb 11, 2008 Secretary of State

	11.2. 7.1.2.	ZEROOM, IIVO.		
Current Principal Place of Business:			New Principal Place of Business:	
400 S. SE, VENICE, F	ABOARD AVE FL 34285			
Current Mailing Address:			New Mailing Address:	
400 S. SE. VENICE, F	ABOARD AVE FL 34285			
FEI Number	: 59-0936434	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:
	THOMAS K ABOARD AVE FL 34285 U	S		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:			
		nic Signature of Registered Age	ent	 Date
Election Car	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( GLENNON, JAI 15192 FIDDLE FT. MYERS, FI	STICKS BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( SAUTTER, WIL 2701 GRANT A PHILADELPHIA	VE.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VP ( SCHULZ, TOM 2861 COLONA NORTH PORT,	DE LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MILLER, RICH 18760 MCGRA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	S ( SCHULZ, TIMO 2631 MOHEGA VENICE, FL 3	N RD	Title: VP/S Name: SCHULZ, T Address: 2631 MOH City-St-Zip: VENICE, F	EGAN RD

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: THOMAS K. SCHULZ VP 02/11/2008