2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
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:

5520 DIVISION DRIVE
FORT MYERS, FL 33905

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

Name and Address of Current Registered Agent:

GLENNON, JAMES J
400 S. SEABOARD AVE.
VENICE, FL 34285 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: P ( ) Delete
Name: GLENNON, JAMES J
Address: 15192 FIDDLESTICKS BLVD
City-St-Zip: FT. MYERS, FL 33912 24

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

Title: T ( ) Delete
Name: BYARS, WILLIAM R
Address: 12509 GEM STONE CT
City-St-Zip: FORT MYERS, FL 33913

Title: VP/S ( ) Delete
Name: SCHULZ, TIMOTHY K
Address: 2631 MOHEGAN RD
City-St-Zip: VENICE, FL 34293

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

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

Title: S ( ) Change (X) Addition
Name: SCHULZ, SCHULZ G
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 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: WILLIAM R. BYARS T 03/19/2009

Electronic Signature of Signing Officer or Director — Date