

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 281842

Entity Name: J.W. ANDERSON, CO.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

605 SOUTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

605 SOUTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-1084930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON III, J.W.
605 S OLIVE AVE
WEST PALM BEACH, FL 33401 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: PD () Delete
Name: ANDERSON III, J.W.
Address: 605 SOUTH OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL

Title: VD () Delete
Name: ANDERSON, GEORGE E
Address: 605 SOUTH OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL

Title: STD () Delete
Name: ANDERSON, MARIE
Address: 605 SOUTH OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL

Title: VD () Delete
Name: ANDERSON, ROSEMARIE
Address: 605 SOUTH OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL

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

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: MARIE T. ANDERSON

STD

03/23/2009

Electronic Signature of Signing Officer or Director

Date