

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 355791

**FILED**  
**Apr 21, 2009**  
**Secretary of State**

**Entity Name:** DANIEL J. ANDERSON CORPORATION

**Current Principal Place of Business:**

LYDIA STREET  
P. O. BOX 358  
CROSS CITY, FL 32628

**New Principal Place of Business:**

570 NE 144TH ST  
CROSS CITY, FL 32628

**Current Mailing Address:**

LYDIA STREET  
P. O. BOX 358  
CROSS CITY, FL 32628

**New Mailing Address:**

P.O. BOX 358  
CROSS CITY, FL 32628

**FEI Number:** 59-1308124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, PATRICIA B.  
570 NE 144TH ST  
P O BOX 358  
CROSS CITY, FL 32628 US

**Name and Address of New Registered Agent:**

ANDERSON, PATRICIA B  
570 NE 144TH ST  
CROSS CITY, FL 32628 US

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:** PATRICIA B ANDERSON

04/21/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD ( ) Delete  
**Name:** ANDERSON, PATRICIA B  
**Address:** LYDIA STREET  
**City-St-Zip:** CROSS CITY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PSTD (X) Change ( ) Addition  
**Name:** ANDERSON, PATRICIA B  
**Address:** 570 NE 144TH ST  
**City-St-Zip:** CROSS CITY, FL 32628

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:** PATRICIA B ANDERSON

PSTD

04/21/2009

Electronic Signature of Signing Officer or Director

Date