2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 445946

1. Entity Name
ANDERS CORPORATION

Principal Place of Business	Mailing Address
501 GOLDKIST AVENUE, S.W. LIVE OAK, FL 32060	17964 CR 136 LIVE OAVE, FL 32060 US

DO NOT WRITE IN THIS SPACE

01142008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-1510652		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AIRTH, HAL A
105 N OHIO AVE
LIVE OAK, FL 32060

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	ANDERS, NORMAN S.
STREET ADDRESS	13076 - 217TH RD
CITY-ST-ZIP	LIVE OAK, FL
TITLE	PD
NAME	ANDERS, ROBERT K.
STREET ADDRESS	17964 CR 136
CITY-ST-ZIP	LIVE OAK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/29/08-80006-012 150.00

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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: _Robert K Anders_   _2/4/08_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #