


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 530103</b>	
1. Entity Name FRANK P. ANDERSON & ASSOCIATES, INC.	

Principal Place of Business 2231 HEATHGREEN PLACE SOUTH JACKSONVILLE, FL 32246-7225 US	Mailing Address PMB 348 14286 BEACH BLVD., STE. 19 JACKSONVILLE BEACH, FL 32250
--	--

**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1725943	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON  
2301 INDEPENDENT SQUARE  
JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, JAN 4600 MIDDLETON PARK CIR EAST APT 412B JACKSONVILLE, FL 322246623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MATHEWS, ANDREA A. 2231 HEATH GREEN PL SO JACKSONVILLE, FL 322467225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, MARGIE P. 4600 MIDDLETON PARK CIR. EAST APT. 412.B JACKSONVILLE, FL 322246623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, FRANK P. 4600 MIDDLETON PARK CIR. EAST, APT. 412B JACKSONVILLE, FL 322246623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000193449  
01/25/05-80061-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Frank P. Anderson PD Jan. 23 05 (904) 223-0185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #