

2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 8:00 am
Secretary of State

DOCUMENT # **0103**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1725943

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **ANDERSON, JAN**
STREET ADDRESS **4600 MIDDLETON PARK CIR EAST APT 412B**
CITY-ST-ZIP **JACKSONVILLE FL 32224-6623**

TITLE **VS** ☐ Delete
NAME **MATHEWS, ANDREA A.**
STREET ADDRESS **2231 HEATH GREEN PL SO**
CITY-ST-ZIP **JACKSONVILLE FL 32246-7225**

TITLE **PD** ☒ Delete
NAME **ANDERSON, MARGIE P.**
STREET ADDRESS **4600 MIDDLETON PARK CIR. EAST APT. 412.B**
CITY-ST-ZIP **JACKSONVILLE FL 32224-6623**

TITLE **PD** ☐ Delete
NAME **ANDERSON, FRANK P.**
STREET ADDRESS **4600 MIDDLETON PARK CIR. EAST, APT. 412B**
CITY-ST-ZIP **JACKSONVILLE FL 32224-6623**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME **Frank P. Anderson**
STREET ADDRESS **4600 Middleton Park Cir. E**
CITY-ST-ZIP **Apartment 412B
Jacksonville, FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Frank P. Anderson PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 20, 2006 (904) 223-0185
Date Daytime Phone #