

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90029 008 ***150.00

DOCUMENT # 559999

1. Entity Name

ANDERSON'S CAN LINE FABRICATION EQUIPMENT, INC.



Principal Place of Business

2208 STILLWATER AVE.
P.O. BOX 116
OCOOEE FL 34761

Mailing Address

2208 STILLWATER AVE.
P.O. BOX 116
OCOOEE FL 34761

2. Principal Place of Business

2208 Stillwater Ave

3. Mailing Address

P O Box 116

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, Florida 32703

City & State

Ocoee, Florida

Zip
32703

Country
ORANGE

Zip
34761

Country
ORANGE



MOORE

CR2E034 (11/03)

4. FEI Number

59-1796967

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

ANDERSON, FRANK L., JR.
556 RYAN AVENUE
APOPKA FL 32712

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 JON V ANDERSON V/PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(Not a Registered Agent signature required when reinstating)

JAN 31, 2004

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: 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 PD ☐ Delete
NAME ANDERSON, FRANK L., JR.
STREET ADDRESS 2208 STILLWATER AVE.
CITY-ST-ZIP APOPKA FL 32703

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

TITLE VT ☐ Delete
NAME ANDERSON, JON V.
STREET ADDRESS 2208 STILLWATER AVENUE
CITY-ST-ZIP APOPKA FL 32703

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: JON V ANDERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon V Anderson V/President

Jan 31 2004

Date

Daytime Phone #