2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005
Secretary of State

DOCUMENT# 571540

Entity Name: ANDERSON & FLESHMAN, INC.

Current Principal Place of Business:

278 VETERANS RD
SANTA ROSA BCH., FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1590
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-1817369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLESHMAN, WADE H.,III
278 VETERANS RD P. O. BOX 1590
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FLESHMAN, WADE H. II, I
Address: 278 VETERANS RDP.O. BOX 1590
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FLESHMAN, WADE H. II, I
Address: 278 VETERANS RD P.O. BOX 1590
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WADE H. FLESHMAN III PRES 07/27/2005
Electronic Signature of Signing Officer or Director Date