


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90013 025 ***150.00

DOCUMENT # 837649			
1. Entity Name ANDERSEN & ASSOCIATES, INC.			
Principal Place of Business P O BOX 1015 WIXOM, MI 48393-1015 US		Mailing Address 30575 ANDERSEN CT P.O. BOX 1015 WIXOM, MI 48393-1015 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 38-1722178		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TYMOSKO, DENNIS J. 4722 NW 165TH ST HIALEAH, FL 33014		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPAU, THOMAS M.	NAME	
STREET ADDRESS	30575 ANDERSEN CT	STREET ADDRESS	
CITY-ST-ZIP	WIXOM, MI 48393	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DETTE, JAMES J.	NAME	
STREET ADDRESS	30575 ANDERSEN CT	STREET ADDRESS	
CITY-ST-ZIP	WIXOM, MI 48393	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORESTER, THOMAS	NAME	S
STREET ADDRESS	30575 ANDERSEN CT	STREET ADDRESS	PATRICK FEHELEY
CITY-ST-ZIP	WIXOM, MI 48393	CITY-ST-ZIP	30575 ANDERSEN CT.
TITLE	CE <input type="checkbox"/> Delete	TITLE	WIXOM, MI 48393
NAME	ANDERSEN, HANS JR	NAME	
STREET ADDRESS	6321 PANORAMA DR.	STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD, TN	CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOUGHT, CORY	NAME	
STREET ADDRESS	30575 ANDERSON CT	STREET ADDRESS	
CITY-ST-ZIP	WIXOM, MI 48393	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPPAN, CHARLES	NAME	
STREET ADDRESS	30575 ANDERSEN CT	STREET ADDRESS	
CITY-ST-ZIP	WIXOM, MI 48393	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: _____		Date: 2/05/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	