


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2005 08:00 AM
Secretary of State

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
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05042005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-1722178	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**TYMOSKO, DENNIS J.
4722 NW 165TH ST
HIALEAH, FL 33014**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CAMPAN, THOMAS M. 30575 ANDERSEN CT WIXOM, MI 48393
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DETTE, JAMES J. 30575 ANDERSEN CT WIXOM, MI 48393
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEHELEY, PATRICK 30575 ANDERSEN CT WIXOM, MI 48393
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE ANDERSEN, HANS JR 6321 PANORAMA DR. BRENTWOOD, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT VOUGHT, CORY 30575 ANDERSON CT WIXOM, MI 48393
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAPPAN, CHARLES 30575 ANDERSEN CT WIXOM, MI 48393

1100001385269
05/10/05-80003-014 150.00

**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: *Cory Vought* 5.5.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #