


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 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**

**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**38-1722178** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 *Cory K Vought* DATE 2-16-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

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

U00000650255  
03/08/07-80002-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Cory K Vought* DATE 2-16-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR