

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000151

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: S.C. ANDERSON GROUP INTERNATIONAL, INC.

**Current Principal Place of Business:**

P.O. BOX 81747  
BAKERSFIELD, CA 93380

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 81747  
BAKERSFIELD, CA 93380

**New Mailing Address:**

FEI Number: 77-0507782      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLORIDA FILING AND SEARCH SERVICES  
3260 BALDWIN DRIVE, WEST  
TALLAHASSEE, FL 32308      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: VST      ( ) Delete  
Name: ANDERSON, STEVEN S  
Address: 2160 MARS COURT  
City-St-Zip: BAKERSFIELD, CA 93380

Title: P      ( ) Delete  
Name: ANDERSON, STEVEN C  
Address: 2160 MARS COURT  
City-St-Zip: BAKERSFIELD, CA 93308

Title: D      ( ) Delete  
Name: ANDERSON, LEIGH ANN  
Address: 2160 MARS COURT  
City-St-Zip: BAKERSFIELD, CA 93308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVEN S. ANDERSON

VST

01/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date