## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F58874

. Names ANDEDOON & FILIS

ANDERSON, SANDRA

SARASOTA, FL 34241

5951 SADDLE OAK TRAIL

Name:

Address: City-St-Zip: FILED Jan 27, 2004 Secretary of State

Entity Name: ANDERSON & ELLIS, INC. **Current Principal Place of Business: New Principal Place of Business:** 4233 CLARK RD., UNIT 25 SARASOTA, FL 34233 **Current Mailing Address: New Mailing Address:** 4233 CLARK RD., UNIT 25 SARASOTA, FL 34233 FEI Number: 59-2132012 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON, STEPHEN 4233 CLARK RD., UNIT 25 SARASOTA, FL 34233 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ANDERSON, STEPHEN, Name: Name: 5951 SADDLE OAK TRAIL Address: Address: SARASOTA, FL 34241 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: ELLIS, CALVIN, Name: 4136 WAKE AVENUE Address: Address: 00000, City-St-Zip: SARASOTA, FL City-St-Zip: ( ) Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SANDRA E. ANDERSON TS 01/27/2004