## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # G04011**

 Entity Name UNDERWOOD ANDERSON & ASSOC., INC.



FILED Apr 24, 2006 08:00 AN Secretary of State

CR2E034 (11/05)

Fee Required

Principal Place of Business

2302 NORTH 9TH AVE. P.O. BOX 9578 PENSACOLA, FL 32513 Mailing Address

2302 NORTH 9TH AVE. P.O. BOX 9578 PENSACOLA, FL 32513



DO NOT WRITE IN THIS SPACE 04202006

6. Name and Address of Current Registered Agent

ANDERSON, C R 8681 SCENIC HIGHWAY PENSACOLA, FL 32514

## DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typod or printed name of registered agent and little is	applicable (NOTE Registered	Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.		
10.	ÓFFICERS AND DIREC	TORS _		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, C R 8681 SCENIC HWY. PENSACOLA, FL 32514			
INTLE NAME STREET ADDRESS CNY-ST-ZIP	VPST GRACE, JAMES C 3237 CHELSEA COURT MILTON, FL 32583			05/04/06-80105-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. If hereby certify that the information supplied with this filing does not quality 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01(850) 4345521.