


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90121 014 ***550.00

DOCUMENT # J60906 1. Entity Name ANDERSON TRANSPORTATION SERVICES, INC.	
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Principal Place of Business 9624 NORCHESTER CIRCLE TAMPA, FL 33647	Mailing Address 9624 NORCHESTER CIRCLE TAMPA, FL 33647
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DO NOT WRITE IN THIS SPACE



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2817330	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REED, KATHRYN M 9624 NORCHESTER CIRCLE TAMPA, FL 33647
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, KATHRYN M 9624 NORCHESTER CIRCLE TAMPA, FL 33647
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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:  **7/6/05** **813-987-0800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #