


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90015 005 \*\*\*150.00

<b>DOCUMENT # J73896</b> 1. Entity Name <b>JON H. ANDERSON, P.A.</b>					
Principal Place of Business <b>4927 SOUTHFORK DRIVE LAKELAND, FL 33813 US</b>			Mailing Address <b>P.O. DRAWER 6839 LAKELAND, FL 33807 US</b>		
2. Principal Place of Business <b>1061 E Highlands Drive</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Lakeland, Florida</b>			City & State City: _____ State: _____		
Zip <b>33813</b>		Country <b>USA</b>		4. FEI Number <b>59-2815631</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDERSON, BETSY B 4927 SOUTHFORK DR LAKELAND, FL 33813</b>			7. Name and Address of New Registered Agent Name: <b>Anderson, Betsy B</b> Street Address (P.O. Box Number is Not Acceptable): <b>1061 E Highlands Drive</b> City: <b>Lakeland</b> State: <b>FL</b> Zip Code: <b>33813</b>		
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: <u><i>Betsy B. Anderson</i></u> <b>Betsy B. Anderson</b> DATE: <u>1/15/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>ANDERSON, BETSY B</b> STREET ADDRESS: <b>4927 SOUTHFORK DRIVE</b> CITY-ST-ZIP: <b>LAKELAND, FL</b>			TITLE: <b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>Anderson, Betsy B</b> STREET ADDRESS: <b>1061 E Highlands Drive</b> CITY-ST-ZIP: <b>Lakeland, FL 33813</b>		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
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TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
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: <u><i>Betsy B. Anderson</i></u> <b>Betsy B. Anderson</b> DATE: <u>1/15/04</u> <b>863-646-9405</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					