

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # J81252

1. Entity Name
ANDERSON VENTURES, INC.



Principal Place of Business

**575 2ND AVENUE SOUTH
SAINT PETERSBURG, FL 33701**

Mailing Address

**575 2ND AVENUE SOUTH
SAINT PETERSBURG, FL 33701**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2819628

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, JOHN E JR
575 2ND AVE, S
SAINT PETERSBURG, FL 33701**

**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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CSD
NAME	ANDERSON, JOHN E., JR.
STREET ADDRESS	202 PASS-A-GRILL WAY
CITY-ST-ZIP	SAINT PETERSBURG BEACH, FL 33607
TITLE	PTD
NAME	ANDERSON, STEPHENSON
STREET ADDRESS	4914-59TH AVE S
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715
TITLE	VD
NAME	DEAN, DAVID
STREET ADDRESS	7211 FRISCO LANE
CITY-ST-ZIP	SATASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/08-80042-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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

Stephenson Anderson 3/27/08 727-897-9151
Date Daytime Phone #