

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M50343

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: J.H. ANDERSON HOLDINGS, INC.

## Current Principal Place of Business:

300 S INTERLACHEN AVE  
# 204  
WINTER PARK, FL 32789 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 460430  
FORT LAUDERDALE, FL 333460430 US

## New Mailing Address:

300 S INTERLACHEN AVE  
# 204  
WINTER PARK, FL 32789 US

FEI Number: 65-0039384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELLEFSSEN, KRISTINE A  
3345 OAK DRIVE  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete  
Name: ANDERSON, JOHN H  
Address: 300 INTERLACHEN AVE #204  
City-St-Zip: WINTER PARK, FL 32789

Title: SD ( ) Delete  
Name: ANDERSON, KATHRYN K  
Address: 300 INTERLACHEN AVE #204  
City-St-Zip: WINTER PARK, FL 32789

Title: DVP ( ) Delete  
Name: ELLEFSSEN, KRISTINE  
Address: 3345 OAK DRIVE  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: JOHN H ANDERSON

PD

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date