

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000012431

FILED
Apr 07, 2008
Secretary of State

Entity Name: ANDERSON AUTO SALES & SERVICES INC.

Current Principal Place of Business:

104 BAYWOOD AVE
2& 3
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 520083
LONGWOOD, FL 32752 US

New Mailing Address:

FEI Number: 59-3636662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, ANDERSON MR.
901 LEWIS PL
LONGWOOD, FL 32750 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

OFFICERS AND DIRECTORS:

Title: OWN () Delete
Name: ANDERSON JOSEPH,
Address: 901 LEWIS PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ANDERSON JOSEPH,
Address: 901 LEWIS PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: PRES () Change (X) Addition
Name: JOSEPH, ANDERSON
Address: 901 LEWIS PL
City-St-Zip: LONGWOOD, FL 32750 SE

Title: PRES () Change (X) Addition
Name: JOSEPH, ANDERSON
Address: 901 LEWIS PL
City-St-Zip: LONGWOOD, FL 32750 SE

Title: PRES () Change (X) Addition
Name: JOSEPH, ANDERSON
Address: 901 LEWIS PL
City-St-Zip: LONGWOOD, FL 32750 SE

Title: PRES () Change (X) Addition
Name: JOSEPH, ANDERSON
Address: 901 PL
City-St-Zip: LONGWOOD, FL 32750 SE

Title: PRES () Change (X) Addition
Name: JOSEPH, ANDERSON
Address: 901 LEWIS PL
City-St-Zip: LONGWOOD, FL 32750 ES

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: ANDERSON JOSEPG

PRES

04/07/2008

Electronic Signature of Signing Officer or Director

Date