

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90071 023 ***150.00

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1. Entity Name
ANDERSON TECHNICAL SYSTEMS, INC.



Principal Place of Business

**3403 WILLOW OAK DR.
EDGEWATER, FL 32141**

Mailing Address

**3403 WILLOW OAK DR.
EDGEWATER, FL 32141**

DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3672171

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDERSON, TIMOTHY S
3403 WILLOW OAK DR.
EDGEWATER, FL 32141**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDERSON, TIMOTHY S
STREET ADDRESS	3403 WILLOW OAK DR.
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	V
NAME	ANDERSON, NATHANIEL S
STREET ADDRESS	1630 TRAVELERS PALM
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	T
NAME	ANDERSON, JASON D
STREET ADDRESS	3403 WILLOW OAK DR. 3212 MANGO TREE
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	SECRETARY
NAME	ANDERSON, STEPHEN M.
STREET ADDRESS	3403 WILLOW OAK DR.
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY S. ANDERSON PRES.

Date **4-18-06**

Daytime Phone # **(386) 423-2500**