2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000044342

1. Entity Name
ANDERWOOD ENTERPRISES, INC.

Principal Place of Business
9218 CORNISH CT.
ORLANDO, FL 32817

Mailing Address
9218 CORNISH CT.
ORLANDO, FL 32817

04102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3713557

Applied For / Not Applicable

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

6. **Name and Address of Current Registered Agent**

WOODRUFF, NORMAN L
9218 CORNISH CT.
ORLANDO, FL 32817

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 ______________________________

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

000000110418
04/12/04-90052-015 150.00

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODRUFF, NORMAN L 9218 CORNISH CT. ORLANDO, FL 32817
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, CHRISTOPHER M 268 ISLAND FORD ROAD LANCING, TN 37770
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 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: Norman L Woodruff NORMAN L WOODRUFF, PRES. 4-10-04 407-673-9178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #