

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104229

Entity Name: ANDERSON & SONS ENTERPRISES, INC.

FILED  
Jan 13, 2004  
Secretary of State

**Current Principal Place of Business:**

1692 WATerview LOOP  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**  
1692 WATerview LOOP  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: 03-0398394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORGAN, HUGH  
2831 RINGLING BOULEVARD  
SUITE D-113  
SARASOTA, FL 34237

**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: PS ( ) Delete  
Name: ANDERSON, JAMES E  
Address: 1692 WATerview LOOP  
City-St-Zip: HAINES CITY, FL 33844

Title: VT ( ) Delete  
Name: ANDERSON, ARLENE  
Address: 1692 WATerview LOOP  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: ANDERSON, STEPHEN  
Address: 1692 WATerview LOOP  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: ANDERSON, MICHAEL  
Address: 1692 WATerview LOOP  
City-St-Zip: HAINES CITY, FL 33844

**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:

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 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 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: JAMES E ANDERSON

Electronic Signature of Signing Officer or Director

PS

01/13/2004

Date