2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104229

ANDERSON, MICHAEL

1692 WATERVIEW LOOP

HAINES CITY, FL 33844

Name:

Address:

City-St-Zip:

FILED Apr 20, 2005 Secretary of State

Entity Nan	ne: ANDERS	ON & SONS ENTERPRISES, II	NC.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	ERVIEW LOOI TY, FL 33844	-			
Current Mailing Address:			New Mailing Address:		
	ERVIEW LOOI TY, FL 33844	0			
FEI Number:	03-0398394	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MORGAN, HUGH 2831 RINGLING BOULEVARD SUITE D-113 SARASOTA, FL 34237 US			1692 WATEŔVIEW LO	ANDERSON, JAMES E 1692 WATERVIEW LOOP HAINES CITY, FL 33844 US	
The above in the State		submits this statement for the pr	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: JAMES E ANDERSON				04/20/2005	
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PS () ANDERSON, JA 1692 WATERVI HAINES CITY, F	EW LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VT () ANDERSON, AF 1692 WATERVI HAINES CITY, F	EW LOOP	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () ANDERSON, ST 1692 WATERVI HAINES CITY, F	EW LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES E ANDERSON PS 04/20/2005