

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 0
Secretary of

DOCUMENT # P01000104229

1. Entity Name

ANDERSON & SONS ENTERPRISES, INC.



Principal Place of Business

446 GREAT WESTERN ROAD
ABERDEEN, UK ab10-6np

Mailing Address

446 GREAT WESTERN ROAD
ABERDEEN, UK ab10-6np



04242008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0398394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINNIS, GEOFF
2150 MARATHON CT
HAINES CITY, FL 33844

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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 transacting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000942155
05/29/08-80009-011 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------------|
| TITLE | PS |
| NAME | ANDERSON, JAMES E |
| STREET ADDRESS | 446F GREAK WESTERN ROAD |
| CITY- ST- ZIP | ABERDEEN, UK ab10 6np |
| TITLE | VT |
| NAME | ANDERSON, ARLENE |
| STREET ADDRESS | 446F GREAT WESTERN ROAD |
| CITY- ST- ZIP | ABERDEEN, UK ab10 6np |
| TITLE | D |
| NAME | ANDERSON, STEPHEN |
| STREET ADDRESS | AVDA VILAMOURA, PORTAL DE VILAMOURA |
| CITY- ST- ZIP | BLOCO BIB, VILAMOURA, 8125-06 |
| TITLE | D |
| NAME | ANDERSON, MICHAEL |
| STREET ADDRESS | 446F GREAT WESTERN ROAD |
| CITY- ST- ZIP | ABERDEEN, UK ab10 6np |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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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 507, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.E. Anderson

04/26/08

Daytime Phone #

0044 122432408