


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90451 047 \*\*\*150.00

DOCUMENT # P02000016081 1. Entity Name ANDERSON BUILDERS, INC.	
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Principal Place of Business 4181CFTGLTU QALBH-PSEB!GM144: 61	Mailing Address 4181CFTGLTU QALBH-PSEB!GM144: 61
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04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0595419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

ANDERSON, RICHARD I  
 1316 COLUMBIAN DR.  
 PUNTA GORDA, FL 33950

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, RICHARD I 1316 COLUMBIAN DR. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSON, RICHARD W 449 ROYAL POINCIANA APT. 311 PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, DAVID M 25298 ISLIS DR. PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Richard J. Anderson Date: Pros 4/27/07 Daytime Phone #: 941-637-9387  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR