

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000026530

**1. Entity Name
ANDERSON DAPORE & ASSOCIATES INC**



**Principal Place of Business
1499 W HWY 434
LONGWOOD, FL 32750**

**Mailing Address
1499 W HWY 434
LONGWOOD, FL 32750**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
01-0669240**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**ANDERSON, JEFF J
1499 W HWY 434
LONGWOOD, FL 32750**

**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 Jeff J Anderson **JEFF J ANDERSON** **1/5/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) **DATE**

**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**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**PTSD
ANDERSON, ANNETTE P
1499 W HWY 434
LONGWOOD, FL 32750**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**VD
DAPORE, RICHARD P
1499 W HWY 434
LONGWOOD, FL 32750**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**U00000096878
03/26/04-80016-001 150.00**

**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)(f), 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: Annex Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/04 707-160-8800
Date Daytime Phone #