


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-09-2004 90042 024 ***150.00

DOCUMENT # P03000018539	
1. Entity Name ANDERSON ALUMINUM AND SCREEN INC	

Principal Place of Business 731 SW BELMONT CR PORT ST LUCIE FL 34953	Mailing Address 731 SW BELMONT CR PORT ST LUCIE FL 34953
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66407431



MOORE CR2E034 (11/03)

2. Principal Place of Business 731 Belmont Cir	3. Mailing Address 731 SW Belmont Cir
Suite, Apt. #, etc. Port St Lucie FL	Suite, Apt. #, etc. Port St Lucie FL
City & State	City & State
Zip 34953 Country USA	Zip 34953 Country USA

4. FEI Number 56-2361985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDERSON, VICTOR A 731-SW-BELMONT-CR PORT ST LUCIE FL 34953

7. Name and Address of New Registered Agent Name Victor Anderson Street Address (P.O. Box Number is Not Acceptable) 731 Belmont Cir Port St Lucie City FL Zip Code 34953

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 <i>Victor Anderson</i> Signature, typed or printed name of registered agent and use if applicable.	DATE 03-04-04 (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, VICTORIA A 731 SW BELMONT CR PORT ST LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 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: <i>Victor Anderson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 03-04-04 Daytime Phone # (772) 240-4690