

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90001 028 ***150.00

DOCUMENT # P03000051412

1. Entity Name
LAUREN ANDERSON ENTERTAINMENT, INC.



Principal Place of Business
5931 N.W. 97TH STREET
GAINESVILLE, FL 32653

Mailing Address
POST BOX 102-304
5200 N.W. 43RD STREET
GAINESVILLE, FL 32606

54055673



2. Principal Place of Business
500 NW 60th ST.

Suite, Apt. #, etc.

SUITE A

City & State

GAINESVILLE, FL.

Zip

32607

Country

U.S.A.

3. Mailing Address

500 NW 60th ST.

Suite, Apt. #, etc.

SUITE A

City & State

GAINESVILLE, FL

Zip

32607

Country

U.S.A.

03192003

Chg-P

CR2E034 (10/03)

4. FEI Number

83-0356549

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, BEVERLY A
5931 N.W. 97TH STREET
GAINESVILLE, FL 32653

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ANDERSON, LAUREN L
5931 N.W. 97TH STREET
GAINESVILLE, FL 32653

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P BEVERLY ANDERSON
5931 NW 97th ST.
GAINESVILLE, FL 32653

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP LAUREN ANDERSON
5931 NW 97th ST.
GAINESVILLE, FL 32653

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S.T. KELLEY ANDERSON
5931 NW 97th ST.
GAINESVILLE, FL 32653

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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: Beverly Anderson BEVERLY ANDERSON

5/25/04 352-331-9693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #