

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000051412**

1. Entity Name  
**LAUREN ANDERSON ENTERTAINMENT, INC.**



Principal Place of Business  
**500 NW 60TH ST - SUITE A  
GAINESVILLE, FL 32607**

Mailing Address  
**500 NW 60TH ST - SUITE A  
GAINESVILLE, FL 32607**



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

000000545123  
05/11/06-80064-011 150.00

**DO NOT WRITE  
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 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 4/23/06 352-331-9693  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #