## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2004 8:00 am Secretary of State

DOCUMENT # P03000072257  1. Entity Name ANDERSON HOME BUILDERS, INC.				04	04-12-2004 90284 009 ***150.00			
Principal Plac	ce of Business	Mailing Address			,	44001191		
3079 GODWIN LANE		3079 GODWIN LANE		1				
PENSACOLA, FL 32526		PENSACOLA, FL 32526						
	, 32323	, 2.00.000 , 10 00020						
					(8 <b>1</b>   11   <b>61</b>   11   15	. <b> </b>		
2. Principal Place of Business 3		3. Mailing Address		}				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			•	•		
Suite, Apt. #, etc.		Suite, Apr. #, etc.		03092004	Chg-P	CR2E034 (10/03)	ı	
City & State		City & State		(4. FEI Number		- IA	polied For	
		<u> </u>			026059		lot Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	□ \$8.75 Ad	iditional	
}						Fee Require	ed	
<del>- · -</del>	6. Name and Address of Current	Hegistered Agent	Name	7. Name and A	ddress of New R	egistered Agent		
ANDERSON ARD, BONNIE								
5403 SAUFLEY FIELD ROAD			Street Address (P.O. Box Number is Not Acceptable)					
PENSACO	DLA, FL 32526		ļ					
	·							
			City			FL Zip Cod	et	
8. The above the obliga	named entity submits this statement fo tions of registered agent.	or the purpose of changing its re	gistered office or r	egistered agent, or both,	in the State of Flo	rida. I am familiar with	, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and the if applicable. (NOTE: P	tegistered Agent signature	a required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees				
10.	. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CI	HANGES TO OFFI	CERS AND DIRECTOR	IS IN 11	
TITLE	D	☐ Delete	TITLE	D ~			Addition	
NAME	ANDERSON ARD, BONNIE		NAME /	Inderson And	Bonnie .	Road	_	
STREET ADDRESS	5403 SAUFLEY FIELD ROAD		STREET ADDRESS	5403 Saufle				
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	Pensacola, F	2 3975	)		
TITLE	D DARW	Delete	TITLE	图下 。	1 21	💢 Change	Addition	
NAME	ARD, DARYL	İ	NAME T	Ard Durt	Y1 5 1	1-0 /		
STREET ADDRESS CITY-ST-ZIP	5403 SAUFLEY FIELD ROAD		STREET ADDRESS		y Field	Koad		
	PENSACOLA, FL 32526		CITY-ST-ZIP	Pensocola,	FC 32	526		
TITLE		☐ Delete	TITLE	-		Change	Addition.	
STREET ADDRESS			name Street address			•	•	
CITY-ST-ZIP			CITY-ST-ZIP					
- TITLE		Delete	-TITLE		-	- L.Channa	Addition	
NAME			NAME			□ Change	Addition	
STREET ADDRESS	. •		STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME	<b>;</b> ,		NAME					
STREET ADDRESS		-	STREET ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	·	CITY-ST-ZIP				,	
TITLE		☐ Delete	TITLE	<del></del>		☐ Change	☐ Addition	
NAME OTDGGT ADDRESS			NAME			•		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
-211 G1 A11			1 0117-51-2IP (					

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 cath; that I am an officer or director of the corporation or the receives 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, withyall other like empowered.

SIGNATURE: 之

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #