

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000075641

1. Entity Name

W.H. ANDERSON ENTERPRISES, INC.



Principal Place of Business

9311 N.W. 11TH COURT
PEMBROKE PINES, FL 33024

Mailing Address

9311 N.W. 11TH COURT
PEMBROKE PINES, FL 33024

DO NOT WRITE IN THIS SPACE



09022006

No Chg-P

CR2E034 (11/05)

4. FEI Number

14-1889849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, WILLIAM H
9311 N.W. 11TH COURT
PEMBROKE PINES, FL 33024

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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 D
NAME ANDERSON, WILLIAM H
STREET ADDRESS 9311 N.W. 11TH COURT
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE VT
NAME COHEN-ANDERSON, LYNN
STREET ADDRESS 9311 NW 11TH CT.
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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09/07/06-80001-005 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #