
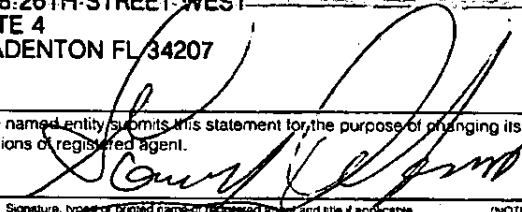
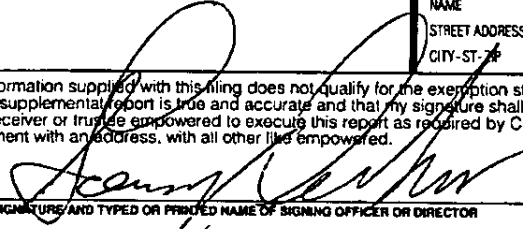


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

03-31-2004 90044 031 ***150.00

DOCUMENT # P03000082660					
1. Entity Name G. S. ANDERSON CONSULTING, INC.					
Principal Place of Business 630 SAND CRANE COURT BRADENTON FL 34202			Mailing Address 630 SAND CRANE COURT BRADENTON FL 34202		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0117982	
				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			7. Name and Address of New Registered Agent		
GODDARD, JAMES R 6108-26TH STREET WEST SUITE 4 BRADENTON FL 34207			Name GARY S. ANDERSON		
			Street Address (P.O. Box Number is Not Acceptable) 630 SAND CRANE CT		
			BRADENTON		
			City BRADENTON FL Zip Code 34212		
B. 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 			DATE 01-23-04		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			Check # 1052 3-29-04		
10. OFFICERS AND DIRECTORS			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
TITLE	P	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	ANDERSON, GARY S		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	630 SAND CRANE COURT		NAME		
CITY-ST-ZIP	BRADENTON FL 34202 ←		STREET ADDRESS		
	34212	<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			NAME		
NAME			STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	STREET ADDRESS		
NAME			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	CITY-ST-ZIP		
NAME			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	NAME		
NAME			STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	STREET ADDRESS		
NAME			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date 1-23-04 Daytime Phone # 941-750-9159		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		