

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90345 035 \*\*\*150.00

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<b>DOCUMENT # P03000090921</b> 1. Entity Name ANDERSON GREGORY, INC.					
Principal Place of Business 8002 OAK DRIVE PALMETTO, FL 34221			Mailing Address 8002 OAK DRIVE PALMETTO, FL 34221		
2. Principal Place of Business 3022 PHILLIPS ROAD Suite, Apt. #, etc.		3. Mailing Address 3022 PHILLIPS ROAD Suite, Apt. #, etc.		04132005    Chg-P    CR2E034 (10/03)	
City & State PARRISH, FL Zip    Country 34219    US		City & State PARRISH FL Zip    Country 34219    US		4. FEI Number 20-0170402 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 SANTIAGO, VICTOR G ESQ. C/O BARNES WALKER, CHARTERED 3119 MANATEE AVENUE WEST BRADENTON, FL 34205	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE    PRES NAME    GREGORY, ERIC A MR STREET ADDRESS    8002 OAK DRIVE CITY-ST-ZIP    PALMETTO, FL 34221		TITLE    VP NAME    GREGORY, DEBORAH L MS STREET ADDRESS    8002 OAK DRIVE CITY-ST-ZIP    PALMETTO, FL 34221		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE    PRESIDENT NAME    GREGORY, ERIC A. MR. STREET ADDRESS    3022 PHILLIPS ROAD CITY-ST-ZIP    PARRISH, FL 34219	
TITLE    _____ NAME    _____ STREET ADDRESS    _____ CITY-ST-ZIP    _____		TITLE    _____ NAME    _____ STREET ADDRESS    _____ CITY-ST-ZIP    _____		TITLE    _____ NAME    _____ STREET ADDRESS    _____ CITY-ST-ZIP    _____	
TITLE    _____ NAME    _____ STREET ADDRESS    _____ CITY-ST-ZIP    _____		TITLE    _____ NAME    _____ STREET ADDRESS    _____ CITY-ST-ZIP    _____		TITLE    _____ NAME    _____ STREET ADDRESS    _____ CITY-ST-ZIP    _____	
TITLE    _____ NAME    _____ STREET ADDRESS    _____ CITY-ST-ZIP    _____		TITLE    _____ NAME    _____ STREET ADDRESS    _____ CITY-ST-ZIP    _____		TITLE    _____ NAME    _____ STREET ADDRESS    _____ CITY-ST-ZIP    _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Eric A. Gregory</u> Date: <u>4-13-05</u> Daytime Phone #: <u>941-748-1812</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					