

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


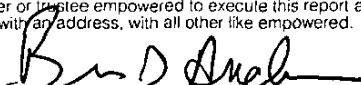
**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90283 012 \*\*\*150.00

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01202005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000103860</b>			
1. Entity Name ANDERSON SIGNATURE HOMES, INC.			
Principal Place of Business 13502 BRYNWOOD LANE FT MYERS, FL 33912		Mailing Address % ROBERT D. ROYSTON, JR., ESQ. PO DRAWER 60205 FT MYERS, FL 33906	
2. Principal Place of Business 9059 Prosperity Way		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State	
Zip 33913	Country USA	Zip	Country
4. FEI Number 85-0372623		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 ROYSTON, JR., ROBERT D ESQ. COSTELLO & ROYSTON 12670 NEW BRITTANY BLVD STE 101 FT MYERS, FL 33907		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ANDERSON, BRIAN D 13502 BRYNWOOD LANE FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9059 Prosperity Way Fort Myers, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		4/12/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	