

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90033 045 ***150.00

DOCUMENT # P03000103860

1. Entity Name
ANDERSON SIGNATURE HOMES, INC.



Principal Place of Business
9059 PROSPERITY WAY
FORT MYERS, FL 33913

Mailing Address
% ROBERT D. ROYSTON, JR., ESQ.
PO DRAWER 60205
FT MYERS, FL 33906



2. Principal Place of Business - No P.O. Box #
16024 HERONS VIEW DR.

3. Mailing Address
Suite, Apt. #, etc. **40**
JOHN M. WICKER, P.A.
P.O. DRAWER 60205

01242008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc. **40**
JOHN M. WICKER, P.A.
P.O. DRAWER 60205

City & State

ALVA

City & State **FORT MYERS, FL 33906**

FL

4. FEI Number
85-0372623

Applied For
Not Applicable

Zip
33920

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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

Name

Street

City

JOHN M. WICKER, P.A.
12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907

Code

7. Name and Address of New Registered Agent

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]

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/11/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ANDERSON, BRIAN D 9059 PROSPERITY WAY FORT MYERS, FL 33913	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
16024 HERONS VIEW DR. ALVA, FL 33920	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/08

DATE

EXEMPTIONS: NONE