


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-04-2004 90019 007 ***550.00

DOCUMENT # P03000121546

1. Entity Name
WILLIAM E. ANDERSON, INC.



Principal Place of Business
**1801 LYNWOOD CT
 W PALM BCH FL 33415**

Mailing Address
**1801 LYNWOOD CT
 W PALM BCH FL 33415**

2. Principal Place of Business
1801 Lynwood Ct

3. Mailing Address
1801 Lynwood Ct

City & State
W Palm Bch FL

City & State
WPR FL

Zip
33415

Country

Zip
33415

Country



MOORE CR2E034 (4/04)
02-0072528

4. FEI Number
02-0072528

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KATES, ELIZABETH J ESQ.
 4411 NW TENTH ST
 POMPANO BCH FL 33066**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO ANDERSON, WILLIAM E 1800 LYNWOOD CT W PALM BCH FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 lines empowered.

SIGNATURE: *William E. Anderson* **July 30, 04** 561-682-4953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Attachment

66432088

#P03000121546

WILLIAM E. ANDERSON
1801 LYNWOOD COURT
WEST PALM BEACH, FLORIDA 33415-2744

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

August 12, 2004

Gentlemen:

In the end of July, 2004, I received a form from your office, resulting from a card that I mailed back to you, which stated that my corporation would be dissolved if I did not respond quickly.

On August 2, 2004, I promptly paid the \$ 550.00 requested eventhough, I thought that the amount indicated was excessive.

Today, I contacted my CPA and found out that I never received the original annual report card-back in January, which indicated that I owed only \$ 150.00, as it was lost in the mail. This is my first year as a corporation and I incorrectly paid more than the whole corporation cost me to start.

I completed and attached the form that you subsequently mailed me, indicating receipt of payment, and requesting my federal ID number.

I have been experiencing severe financial hardship due to a decreasing client base and decreased revenue. I could not afford to pay this additional \$ 400.00 penalty and had to borrow to make the payment to you.

I always pay my bills on time. I always pay the bills that my CPA sends me, as I want to comply with all the tax filing requirements and deadlines.

Please accept my apology and refund the extra \$ 400.00 that you retained.

Your attention to this matter is greatly appreciated.

Yours Truly,



William E. Anderson
President
William E Anderson, Inc.