## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2005 8:00 am Secretary of State DOCUMENT # P03000121546 1. Entity Name 03-08-2005 90176 012 \*\*\*150.00 WILLIAM E. ANDERSON, INC. Principal Place of Business Mailing Address 1801 LYNWOOD CT 1801 LYNWOOD CT W PALM BCH FL 33415 W PALM BCH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 02-0072528 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent William COLSTOUR 3 KATES: ELIZABETH J ESQ: Street Address (P.O. Box Number is Not Acceptable) 4411 NW TENTH ST POMPANO BCH FL-33066 8. The above named entity submit 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. i SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Defete ☐ Change ☐ Addition NAME ANDERSON, WILLIAM E NAME STREET ADDRESS 1800 LYNWOOD CT STREET ADDRESS W PALM BCH FL 33415 CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition THE □ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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

ment with an address, with all other like empowered

SIGNATURE:

FILED