

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142249

FILED
Apr 09, 2004
Secretary of State

Entity Name: ANDERSON DIVERSIFIED ENTERPRISES CORPORATION

Current Principal Place of Business:

2084 NW 193 AVE
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 822205
PEMBROKE PINES, FL 33082 US

New Mailing Address:

FEI Number: 20-0449237 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANDERSON, LARREL W
2084 NW 193 AVE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, LARREL W
Address: 2084 NW 193 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP () Delete
Name: ANDERSON, RUEL K
Address: 2084 NW 193 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: WALKER, ELET MISS
Address: 3770 SW 48 AVE # 105
City-St-Zip: HOLLYWOOD, FL 33023 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARREL WAYNE ANDERSON

PRES

04/09/2004

Electronic Signature of Signing Officer or Director

Date