

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-21-2005 90099 044 ***150.00

66010413



1st MOORE CR2E034 (10/04)

DOCUMENT # P04000151937

1. Entity Name
RM ANDERSON & CO., INC.



Principal Place of Business Mailing Address
**712 US HIGHWAY ONE
SUITE 301-1
NORTH PALM BEACH FL 33408** **712 US HIGHWAY ONE
SUITE 301-1
NORTH PALM BEACH FL 33408**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
20-1923750

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

6. Name and Address of Current Registered Agent
**ANDERSON, RUSSELL
712 US HIGHWAY ONE
SUITE 301-1
NORTH PALM BEACH FL 33408**

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 *[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 \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, RUSSELL M	
STREET ADDRESS	712 US HIGHWAY ONE # 301-1	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VICE President	<input type="checkbox"/> Delete
NAME	LISA ANDERSON	
STREET ADDRESS	712 US HWY 1 # 301-1	
CITY-ST-ZIP	N.P.B. FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **Russell M Anderson** Date **2/15/05** Daytime Phone # **84222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR