




**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000067577		
1. Entity Name ANDERSON OUTDOOR MANAGEMENT, INC.		
Principal Place of Business 12116 COUNTY RD 252 MCALPIN, FL 32062	Mailing Address 12116 COUNTY RD 252 MCALPIN, FL 32062	
DO NOT WRITE IN THIS SPACE		
		 01112007 No Chg-P CR2E034 (11/05)
		4. FEI Number 20-2967498 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ANDERSON, CLYDE C 12116 COUNTY RD 252 MCALPIN, FL 32062		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000595238 01/23/07-80034-002 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, CLYDE C 12116 COUNTY RD 252 MCALPIN, FL 32062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, LINDA G 12116 COUNTY RD 252 MCALPIN, FL 32062	
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DO NOT WRITE IN THIS SPACE		
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:  1/18/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		