


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90001 016 ***158.75

DOCUMENT # P06000087674					
1. Entity Name ANDERSON CONTRACTING OF NORTHEAST FLORIDA, INC.					
Principal Place of Business 2149 KEATON CHASE DR ORANGE PARK, FL 32003			Mailing Address 2149 KEATON CHASE DR ORANGE PARK, FL 32003		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <u>20-5141759</u>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, JAMES M 2149 KEATON CHASE DR ORANGE PARK, FL 32003			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
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			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ANDERSON, JAMES M 2149 KEATON CHASE DR ORANGE PARK, FL 32003				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, DANIELLE R 2149 KEATON CHASE DR ORANGE PARK, FL 32003				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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CITY-ST-ZIP					
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 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 <u>Danielle R. Anderson, Secretary</u> <u>Danielle R. Anderson</u> <u>2-24-07</u> <u>904-278-7831</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					