

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

#1025
FILED

Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000095217

1. Entity Name

NANCY A. ANDERSON, INC.



Principal Place of Business

24641 VOLTERRA COURT
LUTZ FL 33559
US

Mailing Address

24641 VOLTERRA COURT
LUTZ FL 33559
US



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

1st MOORE

CR2E034 (10/07)

4. FEI Number 20-5416065

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, NANCY A
24641 VOLTERRA COURT
LUTZ FL 33559

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

Nancy A. Anderson NAA

3-6-2008

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ANDERSON, NANCY A
STREET ADDRESS 24641 VOLTERRA COURT
CITY- ST- ZIP LUTZ FL 33559

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000853422
CITY- ST- ZIP 03/26/08-80070-010 150.00

TITLE ☐ Delete
NAME SECY
STREET ADDRESS ANDERSON, NANCY A
CITY- ST- ZIP 24641 VOLTERRA COURT
LUTZ FL 33559

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ 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 Section 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:

Nancy A. Anderson

3-6-2008

813 598 4679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C 10

Corporate Records