

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132778

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: SCOTT ANDERSON FIBERGLASS REPAIR INC.

## Current Principal Place of Business:

8670 NW 12 COURT  
OCALA, FL 34475 US

## New Principal Place of Business:

## Current Mailing Address:

8670 NW 12 COURT  
OCALA, FL 34475 US

## New Mailing Address:

FEI Number: 02-0788914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, SCOTT E  
8670 NW 12 COURT  
OCALA, FL 34475 US

## Name and Address of New Registered Agent:

ANDERSON, JULIE R  
8670 NW 12 COURT  
OCALA, FL 34475 US

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: JULIE R. ANDERSON

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ANDERSON, SCOTT E  
Address: 8670 NW 12 COURT  
City-St-Zip: OCALA, FL 34475 US

Title: SEC ( ) Delete  
Name: ANDERSON, JULIE R  
Address: 8670 NW 12 COURT  
City-St-Zip: OCALA, FL 34475 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: ANDERSON, JULIE R  
Address: 8670 NW 12 COURT  
City-St-Zip: OCALA, FL 34475 US

Title: MGR (X) Change ( ) Addition  
Name: ANDERSON, SCOTT E  
Address: 8670 NW 12 COURT  
City-St-Zip: OCALA, FL 34475 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JULIE R. ANDERSON

PS

04/09/2009

Electronic Signature of Signing Officer or Director

Date