

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90064 033 \*\*\*150.00

<b>DOCUMENT # P07000036650</b> 1. Entity Name <b>H &amp; K ANDERSON, INC.</b>			
Principal Place of Business <b>4457-A PURDY LANE</b> <b>WEST PALM BEACH, FL 33406 US</b>		Mailing Address <b>4457-A PURDY LANE</b> <b>WEST PALM BEACH, FL 33406 US</b>	
2. Principal Place of Business - No P.O. Box # <b>391 WHITCOMB DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>391 WHITCOMB DR</b> Suite, Apt. #, etc.	
City & State <b>GENEVA, FL</b> Zip Country <b>32732 US</b>		City & State <b>GENEVA, FL</b> Zip Country <b>32732 US</b>	
4. Filing Number <b>20-8702965</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FENLASON, JOHN D</b> <b>4457-A PURDY LANE</b> <b>WEST PALM BEACH, FL 33406</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3046 S CONGRESS AVENUE</b> City State Zip Code <b>LAKE WORTH FL 33461</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		DATE _____	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	NAME <b>ANDERSON, HANS</b>	TITLE <b>P</b>	NAME <b>ANDERSON, HANS</b>
STREET ADDRESS <b>4457-A PURDY LANE</b>	CITY-ST-ZIP <b>WEST PALM BEACH, FL 33406</b>	STREET ADDRESS <b>391 WHITCOMB DRIVE</b>	CITY-ST-ZIP <b>GENEVA, FL 32732</b>
TITLE <b>VP</b>	NAME <b>ANDERSON, KIMBERLY</b>	TITLE <b>VP</b>	NAME <b>ANDERSON, KIMBERLY</b>
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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 		Date <b>4/6/2008</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Hans V. Anderson</b>		Daytime Phone # <b>(407) 920-5851</b>	