2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 8:00 am Secretary of State

	ANNOAL ILLON			Secretary of State	
DOCUMENT # P9200003079 1. Entity Name JAMES L. ANDERSON INSURANCE AGENCY, INC.			Secretary of State 04-21-2005 90221 003 ***150.00		
JAIMES L. ANDERSON INSUR	ANCE AGENCY, INC.				
Principal Place of Business	Mailing Address				
- 4814 A 26TH ST W Bradenton, Fl. 34207 US	4814 A 26TH STW Bradenton, FL 34207	7 110			
BRADENTON, FL 34207 US	DIGIDENTON, I'C O 1201	/		au. aav. ėėjėė imi, aum 18818 (19188) (1 1881)	
2. Principal Place of Business	3. Mailing Address				
11256 28+5S+CI	rt 11250	<u>o 284</u> StG		<u>Riik 3 Riii 00100 (iii) 0 Ciii 10010 1011091 11 (CO)</u>	
Suite, Apt. #, etc.	Sulte, Apt. #, etc.		03222005 Chg-P	CR2E034 (10/03)	
Ramsh FL	Parrish	FL_	4. FEI Number 65-0372757	Applied For Not Applicable	
34219 Country m	too 3/2/9	MANTE	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
- 6 Name and Address of C	urrent Registered Agent		-7. Name and Address of New		
ANDERSON, JAMES L					
11256 28TH ST CIRCLE E PARRISH, FL 34219		Street Address	is (P.O. Box Number is Not Acceptable)		
; * **********************************					
		City		FL Zip Code	
B. 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 purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent.					
SIGNATURE CAMES & anderson 4-14-05				4-14-05	
Signature, tipod or printed name of registe	erod agent and title if applicable. (NQTE:	Registered Agent signature require	d when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.	9. Election Campaig		i.00 May Be		
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.		ded to Fees			
		11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
Table ID	RS AND DIRECTORS				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05

Daytime Phone #