## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 06, 2004 8:00 am Secretary of State

				Secretary or State
DOCUMENT # P93000023421  1. Entity Name DAVID ANDERSON COMPANY, INC.				07-06-2004 90009 010 ***150.00
	e of Business		<del></del>	44140101
Principal Place of Business  25911-NW-182 AVE HIGH SPRINGS, FL 32643 US  Mailing Address  25911-NW-182ND AVE HIGH SPRINGS, FL 32643 US				
2. Principal Place of Business		3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		07012004 Chg-P CR2E034 (10/03)
City & State	e	City & State		4. FEI Number Applied For 59-3173873 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
Name				
ANDERSON, WILLIAM D 25911 N.W. 182ND AVE HIGH SPRINGS, FL 32643			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				
FILE NOWI!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be Due by September 8, 2004  Trust Fund Contribution. — Added to Fees Corporation did not receive the prior notice.				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, WILLIAM D 25911 N.W. 182ND AVE HIGH SPRINGS, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, CAROL S. 25911 N.W. 182ND AVE HIGH SPRINGS, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	, u	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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 oath; that I am an officer or director of the corporation or the receiver of trustee emowared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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