

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000013036

1. Entity Name  
ANDERSON DESIGN, INC.



Principal Place of Business  
2029 DARLINGTON OAK DR  
SEFFNER, FL 33584

Mailing Address  
2029 DARLINGTON OAK DR  
SEFFNER, FL 33584

**FILED  
Jan 20, 2004 08:00 AM  
Secretary of State**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3228017	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ANDERSON, JAMES D II  
2029 DARLINGTON OAK DR  
SEFFNER, FL 33584

**DO NOT WRITE  
IN THIS SPACE**

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:

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

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

1/13/04

DATE

10. OFFICERS AND DIRECTORS

TITLE: PTD  
NAME: ANDERSON, JAMES D II  
STREET ADDRESS: 2029 DARLINGTON OAK DR  
CITY-ST-ZIP: SEFFNER, FL 33584

TITLE: VSD  
NAME: ANDERSON, TERRI L  
STREET ADDRESS: 2029 DARLINGTON OAK DR  
CITY-ST-ZIP: SEFFNER, FL 33584

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04 813 653 4692

Date

Daytime Phone #

U00000007533  
01/20/04-80027-007 150.00

**DO NOT WRITE  
IN THIS SPACE**