## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P94000019258**

1. Entity Name

ANDÉRSON REPORTING SERVICES, INC.



FILED Jul 07, 2006 08:00 AN Secretary of State

Principal Place of Business

JACKSONVILLE, FL 32202 US

Mailing Address

233 E BAY ST #926

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP 233 E BAY ST

#926

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32202

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3236514

Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, HELEN A 14236 MOUNT PLEASANT ROAD JACKSONVILLE, FL 32225

## DO NOT WRITE IN THIS SPACE

| JACKSON  | VILLE, I E Jazzo  |   | . *                     | IN                             | THIS SPACE   |
|--|---|---|-------------------------|--------------------------------|--|
|  | named entity submits this statement for the pions of registered agent.          | purpose of changing its                 | registered office o     | registered agent, or bo        | oth, in the State of Florida. I am familiar with, and accept                                 |
| SIGNATURE.                                     |   |   |                         |                                |  |
| ··   | Signature, typed or printed name of registered agent and title                  | il applicable. (NOTE                    | Registered Agent signal | ure required when rainstating} | DATE   |
|  | LE NOW!!! FEE IS \$150.00<br>ue by September 6, 2006                            | 9. Election Campaig<br>Trust Fund Contr |                         | \$5.00 May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10.  | OFFICERS AND DIREC  | CTORS                                   | \$                      |                                | J  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>ANDERSON, HELEN A<br>14236 MOUNT PLEASANT ROAD<br>JACKSONVILLE, FL 32225 |   | , .                     |                                |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP          |   |   |                         | ,                              | U00000560357<br>07/07/06-80005-014 150.00  |
| TITLE NAME STREET ADDRESS CITY ST. 719         |   |   |                         | DO                             | NOT WRITE  |

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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.

GIGNATURE Allu A . Anderson

07/05/2006

904-358-0112

Date

Daylime Phone #