

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000035537



1. Entity Name
ANDERSON CO. OF PLANT CITY, INC.

Principal Place of Business
241 S INDIANA AVE
ENGLEWOOD, FL 34223 US

Mailing Address
8 LONG MEADOW RD.
ROTONDA WEST, FL 33947

DO NOT WRITE IN THIS SPACE

**FILED
May 04, 2004 8:00 am
Secretary of State**

05-04-2004 90122 019 ***150.00



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3317042	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, MARK D
5304 CONNER TERR
PORT CHARLOTTE, FL 33981

**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)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, DAVID B 401-B HOWARD AVENUE LAKELAND, FL 33802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, MARK D 8 LONG MEADOW RD. ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDERSON, LYNN D 8 LONG MEADOW RD. ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/29/04

Date

941-697-7219

Daytime Phone #