2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000075634

1. Entity Name
ANDERSON ONE INC.

Principal Place of Business	Mailing Address
3834 CITADEL DR ORLANDO, FL 32839	3834 CITADEL DR ORLANDO, FL 32839

DO NOT WRITE IN THIS SPACE

03182004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3363295	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, V K
3834 CITADEL DRIVE
ORLANDO, FL 32839

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	P	
NAME	ANDERSON, V.K.	U00000102835
STREET ADDRESS	3834 CITADEL DR.	04/05/04-80031-020 150.00
CITY-ST-ZIP	ORLANDO, FL 328393203	
TITLE	SV	
NAME	ANDERSON, CATHERINE	
STREET ADDRESS	3834 CITADEL DR	
CITY-ST-ZIP	ORLANDO, FL 328393203	
TITLE		
NAME		
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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: _VK Anderson_   4-1-4   (407) 345-8727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #