



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90344 008 ***150.00

DOCUMENT # P96000042484 1. Entity Name ANDERSILK, INCORPORATED					
Principal Place of Business 1 BEACH DRIVE S.E., SUITE 1201 ST. PETERSBURG, FL 33701			Mailing Address 1 BEACH DRIVE S.E., SUITE 1201 ST. PETERSBURG, FL 33701		
2. Principal Place of Business 2220 CHIANTI PLACE Suite, Apt. #, etc. APT. 814		3. Mailing Address 2220 CHIANTI PLACE Suite, Apt. #, etc. APT. 814			
City & State PALM HARBOR, FLORIDA		City & State PALM HARBOR, FLORIDA		4. FEI Number 59-3429979	
Zip 34683		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KERSKER, PETER W. ESQ. 1 BEACH DRIVE S.E., SUITE 1201 ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name KERSKER, PETER W. ESQ. Street Address (P.O. Box Number is Not Acceptable) 2220 CHIANTI PLACE # 814 City PALM HARBOR			
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.		City FL			
SIGNATURE <i>Peter W. Kersker</i> Peter W. Kersker		DATE 4/15/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME ANDERSON, JOHN F		<input type="checkbox"/> Delete		
STREET ADDRESS 1 BEACH DRIVE S.E., SUITE 1201	CITY-ST-ZIP ST. PETERSBURG, FL 33701		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>John F. Anderson</i> John F. Anderson			DATE 4/15/04		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # (727) 937-5775		