

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066315

FILED
Jan 17, 2008
Secretary of State

Entity Name: JOE H. ANDERSON, JR. & SONS, INC.

Current Principal Place of Business:

HIGHWAY 349
OLD TOWN, FL 32680

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1829
LAKE CITY, FL 320561829

New Mailing Address:

FEI Number: 59-3405119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCRAE, CHRIS
1677 MAHAN CTR BLVD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPD () Delete
Name: ANDERSON, JOE H. J
Address: HIGHWAY 349 NORTH
City-St-Zip: OLD TOWN, FL

Title: SD () Delete
Name: ANDERSON, DOUG
Address: HIGHWAY 349 NORTH
City-St-Zip: OLD TOWN, FL

Title: TD () Delete
Name: ANDERSON, JOE H. I
Address: HIGHWAY 349 NORTH
City-St-Zip: OLD TOWN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPD (X) Change () Addition
Name: ANDERSON, JOE H. J
Address: HIGHWAY 349 NORTH
City-St-Zip: OLD TOWN, FL 32680

Title: SD (X) Change () Addition
Name: ANDERSON, DOUG
Address: HIGHWAY 349 NORTH
City-St-Zip: OLD TOWN, FL 32680

Title: TD (X) Change () Addition
Name: ANDERSON, JOE H. I
Address: HIGHWAY 349 NORTH
City-St-Zip: OLD TOWN, FL 32680

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN SCHREIBER

SD

01/17/2008

Electronic Signature of Signing Officer or Director

Date