

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037293

FILED
Apr 29, 2004
Secretary of State

Entity Name: ANDERSON MATERIALS CO., INC.

Current Principal Place of Business:

2 GUERDON ROAD
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1829
LAKE CITY, FL 320561829 US

New Mailing Address:

FEI Number: 59-3444614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHREIBER, BRIAN P
2 GUERDON RD
LAKE CITY, FL 32055 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: PD () Delete
Name: SCHREIBER, BRIAN P
Address: 2 GUERDON RAOD
City-St-Zip: LAKE CITY, FL 32055

Title: VPD () Delete
Name: STRICKLAND, EUGENE
Address: 2 GUERDON ROAD
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: ANDERSON, DOUG
Address: 2 GUERDON ROAD
City-St-Zip: LAKE CITY, FL 32055

Title: ST () Delete
Name: CHILDERS, CINDY A
Address: HWY 349 NORTH
City-St-Zip: OLD TOWN, FL 32680

Title: D () Delete
Name: ANDERSON, JOE H. JR.
Address: HWY 349 NORTH
City-St-Zip: OLD TOWN, FL 32680

Title: D () Delete
Name: ANDERSON, JOE H. III
Address: HWY 349 NORTH
City-St-Zip: OLD TOWN, FL 32680

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 P. SCHREIBER

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date