

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000044363

1. Entity Name

JOHN ANDERSON & COMPANY, INC.



Principal Place of Business

2719 EDGEWATER CT
WESTON, FL 33332

Mailing Address

2719 EDGEWATER CT
WESTON, FL 33332

FILED
Jan 31, 2006 08:00 AM
Secretary of State



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number

04-3063813

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, JOHN L
2719 EDGEWATER CT
WESTON, FL 33332

**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, 2006 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
DPS
ANDERSON, JOHN L
2719 EDGEWATER CT
WESTON, FL 33332

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000408420
02/08/06-80058-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

John L. Anderson

JOHN L. ANDERSON, PRES.

1-27-06

954-385-863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #