2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P97000067006

Entity Name: ANDERSON REPRESENTATIVES, INC.

Current Principal Place of Business:

23162 AMBASSASDOR AVE
PORT CHARLOTTE, FL 33954 US

New Principal Place of Business:

24600 SANDHILL BLVD
PORT CHARLOTTE, FL 33983 US

Current Mailing Address:

23162 AMBASSASDOR AVE
PORT CHARLOTTE, FL 33954 US

New Mailing Address:

24600 SANDHILL BLVD
PORT CHARLOTTE, FL 33983 US

FEI Number: 65-0771728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: ANDERSON, ROBERT C
Address: 23162 AMBASSADOR AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VTD ( ) Delete
Name: ANDERSON, BRENDA L
Address: 23162 AMBASSADOR AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: SD ( ) Delete
Name: ANDERSON, GAIL F
Address: 23162 AMBASSADOR AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

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:

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: ROBERT ANDERSON PD 04/16/2009
Electronic Signature of Signing Officer or Director Date