2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000093461

1. Entity Name
ANDERFORD ENTERPRISES, INC.

Principal Place of Business	Mailing Address
P. O. BOX 816	P. O. BOX 616
ORANGE PARK, FL 32067-0816	ORANGE PARK, FL 32067-0816

DO NOT WRITE IN THIS SPACE

03252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3477815	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, NOLA A
712 GREYSTONE LANE
ORANGE PARK, FL 32073

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FORD, NOLA A
STREET ADDRESS	POST OFFICE BOX 816
CITY-ST-ZIP	ORANGE PARK, FL 32067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/01/05--80012-023 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the 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: _Nola A. Ford_   3-29-05   904.534.6616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #