


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90076 044 ***150.00

DOCUMENT # P98000070560			
1. Entity Name ANDERSSON DRYCKER, INC.			
Principal Place of Business 1624 E. ATLANTIC BLVD. POMPANO BCH, FL 33060		Mailing Address 2544 N. CORAL TR. CIR. DELRAY BEACH, FL 33445	
2. Principal Place of Business 2544 N. CORAL TRACE		3. Mailing Address	
Suite, Apt. #, etc. CIRCLE		Suite, Apt. #, etc.	
City & State DELRAY BEACH FL		City & State	
Zip 33445	Country PALM BEACH	Zip	Country
6. Name and Address of Current Registered Agent MARIOTTI, DEBORAH L 1624 E. ATLANTIC BLVD. POMPANO BCH, FL 33060		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2544 N. CORAL TRACE CIRCLE City DELRAY BEACH FL Zip Code 33445	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSSON, MATS BARRVAGEN 4A 19143 SOLLENTUNA SWEDEN. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>W. L. Maurice</u>		1/16/03 561-276-3378	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	