## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Jan 31, 2005 8:00 am **Secretary of State DOCUMENT # P98000084552** 1. Entity Name 01-31-2005 90058 047 \*\*\*150.00 C & H ANDERSON, INC. Principal Place of Business Mailing Address 101 GRAND PLAZA DRIVE 101 GRAND PLAZA DRIVE \*\*\*\*\*\*\*\*\*\*\*\* **ORANGE CITY FL 32763 ORANGE CITY FL 32763** 2. Principal Place of Business 3. Mailing Address 101 GRAND PLAZA DRIVE 101 GRAND PLAZA DRIVE Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3535644 DRANGE DRANGE Not Applicable \$8.75 Additional 5. Certificate of Status Desired *32763-793*2 *32763-7932* OLUSIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, HAROLD W Street Address (P.O. Box Number is Not Acceptable) | OI GRAND PLAZA DRIVE, 101 GRAND PLAZA DRIVE UNIT Q-2 **ORANGE CITY FL 32763** IINIT Q-3 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Addition TITLE ☐ Delete Change : ANDERSON, HAROLD W NAME NAME 101 GRAND PLAZA DRIVE, UNIT Q-3 STREET ADDRESS 101 GRAND PLAZA DRIVE UNIT Q-2 STREET ADDRESS CITY-ST-7(P **ORANGE CITY FL 32763** CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition NAME ANDERSON, C.ELIZABETH 101 GRAND PLAZA DRIVE, UNIT Q-3 101 GRAND PLAZA DRIVE, UNIT Q-2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE CITY FL 32763** CITY-ST-ZIP TITLE TITLE ☐ Change - - ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

DIRECTOR SEC'Y.

FILED