

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90007 027 ***150.00

DOCUMENT # P99000020037

1. Entity Name
W MICHAEL ANDERSON INC



Principal Place of Business
**1502 SE HATFIELD COURT
PORT ST LUCIE, FL 34952**

Mailing Address
**1502 SE HATFIELD COURT
PORT ST LUCIE, FL 34952**

44040113



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0908095

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDERSON, W. MICHAEL
1502 SE HATFIELD COURT
PORT ST LUCIE, FL 34952**

**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, 2004 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	ANDERSON, W. MICHAEL
STREET ADDRESS	1502 SE HATFIELD COURT
CITY-ST-ZIP	PORT ST LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-04

Date

Daytime Phone # _____

Attachment

44048173

#P99000020037

W. MICHAEL ANDERSON, INC
1502 SE HATFIELD COURT
PORT ST LUCIE, FL 34952
July 8, 2004

DIVISION OF CORPORATIONS
PO BOX 6198
TALLAHASSEE, FL 32314-6198

DEAR SIRs:

UPON RECEIPT OF YOUR POSTCARD NOTICE OF INTENT TO DISSOLVE MY CORPORATION, I
REALIZED THAT I HAD NOT SENT IN MY ANNUAL RENEWAL. I HAD BEEN EXPECTING THE
LARGE PACKAGE YOU USUALLY SEND BUT DID NOT RECEIVE IT OR ANY OTHER NOTICE.

ENCLOSED IS MY REGULAR RENEWAL WITH THE FEE OF \$150.00

PLEASE FORGIVE THE FACT THAT I AM LATE AND I REQUEST THAT YOU DO NOT CHARGE ME
THE LATE FEE OF \$400.00.. I DID NOT RECEIVE THE REGULAR NOTICE.

THANK YOU FOR YOUR ASSISTANCE.

SINCERELY,

Woodrow M. Anderson

WOODROW M ANDERSON
PRESIDENT