



02-02-2005 90061 031 ***150.00

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DOCUMENT # P99000020037				02-02-2005 90061 031 ***150.00	
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			
2. Principal Place of Business 4901 IVY LEAGUE ct.		3. Mailing Address 4901 IVY LEAGUE ct			
Suite, Apt. #, etc. APT. G		Suite, Apt. #, etc. APT. G		01242005 Chg-P CR2E034 (10/03)	
City & State MEIB FLA.		City & State MEIB. FLA.		4. FEI Number 65-0908095	
Zip 32905		Zip 32905		Applied For <input type="checkbox"/> Not Applicable	
Country BRUNARY		Country BRUNARY		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDERSON, W. MICHAEL 1502 SE HATFIELD COURT PORT ST LUCIE, FL 34952				Name Anderson, W. MICHAEL	
				Street Address (P.O. Box is Not Acceptable) 4901 IVY LEAGUE ct. APT. G	
				City MEIB. FL	
				Zip Code 32905	
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, 2005 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	D ANDERSON, W. MICHAEL 1502 SE HATFIELD COURT PORT ST LUCIE, FL 34952 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anderson, W. MICHAEL 4901 IVY LEAGUE ct. APT G MEIB. FLA. 32905 <input checked="" 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	
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	
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	
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	
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	
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: W. Michael Anderson			Date: 1-27-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		