

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90061 010 \*\*\*150.00

DOCUMENT # P99000039324

1. Entity Name

ANDERSEN BOOKKEEPING SERVICES, INC.



Principal Place of Business

~~862 CRAWFORD STREET~~  
DELTONA FL 32725

Mailing Address

862 CRAWFORD STREET  
DELTONA FL 32725

2. Principal Place of Business

780 DELTONA BL

3. Mailing Address



MOORE

CR2E034 (11/03)

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

City & State

DELTONA FL

City & State

4. FEI Number

59-3573010

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, ELIZABETH  
862 CRAWFORD ST.  
DELTONA FL 32725-6028

(ANDERSEN)

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT **ANDERSEN** ☐ Delete  
NAME CRAWFORD, ELIZABETH  
STREET ADDRESS 1885 SE 173RD AVE  
CITY-ST-ZIP SILVER SPRINGS FL 34488-6028

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **ELIZABETH ANDERSEN**  
STREET ADDRESS **862 CRAWFORD ST**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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.

SIGNATURE:

*Elizabeth Andersen* **Elizabeth Andersen, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-19-04 386 837-1578**