

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90987 025 \*\*\*150.00

<b>DOCUMENT # P99000039324</b> 1. Entity Name <b>ANDERSEN BOOKKEEPING SERVICES, INC.</b>																													
Principal Place of Business <b>780 DELTONA BL. STE. 101 DELTONA, FL 32725</b>			Mailing Address <b>862 CRAWFORD STREET DELTONA, FL 32725</b>																										
2. Principal Place of Business <b>157 CYPRESS DR</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>157 CYPRESS DR</b> <small>Suite, Apt. #, etc.</small>																											
City & State <b>DEBARY FL</b>		City & State <b>DEBARY</b>		4. FEI Number <b>59-3573010</b>																									
Zip <b>32713</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>ANDERSEN, ELIZABETH 862 CRAWFORD ST. DELTONA, FL 32725-6028</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>157 CYPRESS DR</b> City <b>DEBARY</b> <b>FL</b> Zip Code <b>32713</b>																										
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 <u><i>Elizabeth Andersen</i></u> DATE <u>4-30-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PT</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ANDERSEN, ELIZABETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>862 CRAWFORD ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELTONA, FL 32725</td> <td></td> </tr> </table>			TITLE	PT	<input type="checkbox"/> Delete	NAME	ANDERSEN, ELIZABETH		STREET ADDRESS	862 CRAWFORD ST.		CITY-ST-ZIP	DELTONA, FL 32725		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>157 CYPRESS BL</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>DEBARY FL 32713</b></td> <td></td> </tr> </table>			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	<b>157 CYPRESS BL</b>		CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
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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><i>Elizabeth Andersen</i></u> <b>ELIZABETH ANDERSEN, Pres. 4-30-05 386 837-1578</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													