## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P99000039324

1. Entity Name

ANDERSEN BOOKKEEPING SERVICES, INC.



**FILED** Apr 17, 2008 08:00 A Secretary of State

Principal Place of Business

157 CYPRESS DR DEBARY, FL 32713 Mailing Address

157 CYPRESS DR

DEBARY, FL 32713 US



## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01122008 No Chg-P

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

ANDERSEN, ELIZABETH 157 CYPRESS DR DEBARY, FL 32713

## DO NOT WRITE IN THIS SPACE

			IN THIS STAGE		
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, 2008 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees	U00000903626 04/30/08-80053-017 150.00
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CITY-ST-ZIP	PT ANDERSEN, ELIZABETH 157 CYPRESS DR DEBARY, FL 32713				
TITLE  NAME  STREET ADDRESS  CITY+ST-ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: