

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90227 047 ***150.00

DOCUMENT # S40284

1. Entity Name
ANDERSON PROPERTIES OF PENSACOLA, INC.



Principal Place of Business
**1163 GANGES TRAIL
GULF BREEZE, FL 32563-3531 US**

Mailing Address
**1163 GANGES TRAIL
GULF BREEZE, FL 32563-3531 US**

50016628



2. Principal Place of Business
1097 LIONSGATE LANE

3. Mailing Address
1097 LIONSGATE LANE

04072006 Chg-P CR2E034 (11/05)

City & State
GULF BREEZE, FL

City & State
GULF BREEZE, FL

4. FEI Number
59-3059785

Applied For
☐ Not Applicable

Zip
32563

Country
USA

Zip
32563

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, CLYDE C
1163 GANGES TRAIL
GULF BREEZE, FL 32563**

Name
ANDERSON, CLYDE C

Street Address (P.O. Box Number is Not Acceptable)
1097 LIONSGATE LANE

City
GULF BREEZE

FL Zip Code
32563

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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

**PDS
ANDERSON, CLYDE C
1163 GANGES TRAIL
GULF BREEZE, FL 32563**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PDS
ANDERSON, CLYDE C
1097 LIONSGATE LANE
GULF BREEZE, FL 32536**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
COE, MARY A
6390 LAKE CHARLENE LANE
PENSACOLA, FL 32506**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
ANDERSON, MARY E
1309 CUMBERLAND COURT
SMYRNA, GA 300808657**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Clyde C Anderson, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06 850.934.9680

Date

Daytime Phone #