# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 20, 2008 8:00 am**
**Secretary of State**
03-20-2008 90024 007 ***150.00

DOCUMENT # S40284

1. Entity Name

ANDERSON PROPERTIES OF PENSACOLA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1097 LIONSGATE LANE<br>GULF BREEZE FL 32563<br>US | 1097 LIONSGATE LANE<br>GULF BREEZE FL 32563<br>US |

1st MOORE CR2E034 (10/07)

| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3059785 ☐ Applied For ☐ Not Applicable

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<br>1097 LIONSGATE LANE<br>GULF BREEZE FL 32563 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PDS<br>ANDERSON, CLYDE C<br>1097 LIONSGATE LANE<br>~~CRESTVIEW FL~~ 32536 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>Gulf Breeze, FL 32563 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COE, MARY A<br>~~6300 LAKE CHARLENE LANE~~<br>PENSACOLA FL ~~32500~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>10100 Hillview Dr. #2101<br>Pensacola, FL 32514 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>~~ANDERSON, MARY E~~<br>~~1309 CUMBERLAND COURT~~<br>~~SMYRNA GA 30080-8657~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>2451 Cumberland Pkwy, Suite 3645<br>Atlanta, GA 30339 |
| 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 Section 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. Clyde C. Anderson 1-22-08 850-934-9684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #