

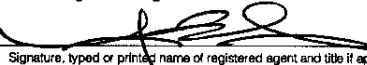
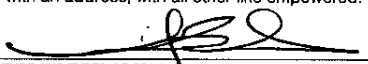


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90073 029 ***550.00

DOCUMENT # V61805 1. Entity Name ANDERCO INC.					
Principal Place of Business 1150 CLEVELAND ST SUITE 410 CLEARWATER, FL 33755 US			Mailing Address 1150 CLEVELAND ST SUITE 410 CLEARWATER, FL 33755 US		
2. Principal Place of Business 1300 S. HIGHLAND AVE Suite, Apt. #, etc.		3. Mailing Address 1300 S. HIGHLAND AVE Suite, Apt. #, etc.			
City & State Zip 33756 Country		City & State Zip 33756 Country		08102004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3139075				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, JAMES B. 1150 CLEVELAND ST SUITE 410 CLEARWATER, FL 33755			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1300 S. HIGHLAND AVE City FL Zip Code 33756		
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  JAMES B. ANDERSON 8/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! - FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SD ANDERSON, REGINA W 2350 N.E. COACHMAN ROAD CLEARWATER, FL 33765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, JAMES B 424 CYPRESS VIEW DR OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOHN C JR 2350 NE COACHMAN RD CLEARWATER, FL 33765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JUSTICE WOLFE 1643 ALLEN'S RIDGE DR. N. PALM HARBOR, FL 34683	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOHN C 2350 NE COACHMAN RD CLEARWATER, FL 33765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOHN C 2350 NE COACHMAN RD CLEARWATER, FL 33765	<input type="checkbox"/> Delete			
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:  JAMES B. ANDERSON 8/10/04 727-447-2998 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					