2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V61805

Entity Name: ANDERCO INC.

FILED Mar 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1300 S HIGHLAND AVE CLEARWATER, FL 33756 US **Current Mailing Address: New Mailing Address:** 1300 S HIGHLAND AVE CLEARWATER, FL 33756 US FEI Number: 59-3139075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON, JAMES B. 1300 S HIGHLAND AVE CLEARWATER, FL 33756 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ANDERSON, REGINA W Name: Name: 2350 N.E. COACHMAN ROAD Address: Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: Title: PD Title: () Delete (X) Change () Addition ANDERSON, JAMES B Name: Name: ANDERSON, JAMES B 424 CYPRESS VIEW DR 4277 AUSTON WAY Address: Address: OLDSMAR, FL 34677 PALM HARBOR, FL 34685 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: ANDERSON, JOHN C JR ANDERSON, JOHN C JR Name: Name: 2350 NE COACHMAN RD 2350 NE COACHMAN RD Address: Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: CLEARWATER, FL 33765 Title: () Delete Title: (X) Change () Addition ANDERSON, JUSTICE WOLFE ANDERSON, JUSTICE W Name: Name: Address: 1643 ALLEN'S RIDGE DR. N. Address: 1643 ALLEN'S RIDGE DR. N. City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES B ANDERSON **PRES** 03/10/2006

ANDERSON, JOHN C

2350 NE COACHMAN RD

CLEARWATER, FL 33765

Name:

Address: City-St-Zip: