


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # V61805	
1. Entity Name ANDERCO INC.	

Principal Place of Business 1300 S HIGHLAND AVE CLEARWATER, FL 33756 US	Mailing Address 1300 S HIGHLAND AVE CLEARWATER, FL 33756 US
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3139075	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ANDERSON, JAMES B. 1300 S HIGHLAND AVE CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000822392 02/19/08-80060-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, REGINA W 2350 N.E. COACHMAN ROAD CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, JAMES B 4277 AUSTON WAY PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOHN C JR 2350 NE COACHMAN RD CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JUSTICE W 1643 ALLEN'S RIDGE DR. N. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  JAMES B. ANDERSON C.F.O. 2/7/08 727-447-2998	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		