


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

DOCUMENT # 120969			
1. Entity Name ANTON CORPORATION			
2. Principal Place of Business 6156 OLD KINGS ROAD NORTH JACKSONVILLE FL 32205		3. Mailing Address 6156 OLD KINGS ROAD NORTH JACKSONVILLE FL 32205 US	
4. FEI Number 59-0816617		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
5. Name and Address of Current Registered Agent PITTMAN, NATALIE P 6156 OLD KINGS RD., N. JACKSONVILLE, FL JACKSONVILLE FL 32254		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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, obligations of registered agent.			
9. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE NATALIE P PITTMAN 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 Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May <input type="checkbox"/> Added to Fees Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD PITTMAN, NATALIE P. 6156 OLD KINGS RD N JACKSONVILLE FL 32254		TITLE NAME STREET ADDRESS CITY-ST-ZIP 000000396887 01/30/06-60027-013 150.00	
D PITTMAN, JOHN A. 6156 OLD KINGS RD N JACKSONVILLE FL 32254		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 located 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 changed, or on an attachment with an address, with all other like empowered.

NATURE: *Natalie P Pittman, Pres.* 1-20-06 (90+) 781-748