

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 555986

1. Entity Name
ANAPALINJA, INC.



Principal Place of Business
**21 E PINE ST
AVON PARK, FL 33826 US**

Mailing Address
**21 E PINE ST
AVON PARK, FL 33826 US**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1786361

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARBEN, ROBERT J.
304 SOUTH DELANEY AVE.
AVON PARK, FL 33825**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000793809
01/25/08-80025-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARBEN, ROBERT J.
STREET ADDRESS	304 S. DELANEY AVE.
CITY-ST-ZIP	AVON PARK, FL
TITLE	ST
NAME	BARBEN, JANE H.
STREET ADDRESS	304 S. DELANEY AVE.
CITY-ST-ZIP	AVON PARK, FL
TITLE	V
NAME	FURR, ANNE B.
STREET ADDRESS	904 HOLLINGSWORTH
CITY-ST-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Robert J. Barben
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2008
Date

863-453-3659
Daytime Phone #