

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 608556

1. Entity Name
ANCO FORMS AND SYSTEMS, INC.



Principal Place of Business
421 QUAIL HOLLOW RD
AUBURNDALE, FL 33823 US

Mailing Address
421 QUAIL HOLLOW RD
AUBURNDALE, FL 33823 US

FILED
Sep 10, 2008 08:00 AM
Secretary of State



08062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1883308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COWPER, ANDREW I
421 QUAIL HOLLOW DR
AUBURNDALE, FL 33823

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-3-08

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES COWPER, ANDREW I. 421 QUAIL HOLLOW RD AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA COWPER, JANE C 421 QUAIL HOLLOW RD AUBURNDALE, FL 33823
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09/10/08-80002-024 150.00

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-08

Date

863-206-8673

Daytime Phone #