2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State
01-26-2005 90057 048 ****50.00

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1. Entity Name
ANGLICAN FINANCIAL SERVICES, LLC

Principal Place of Business	Mailing Address
716 ENDICOTT ROAD MELBOURNE, FL 32940	716 ENDICOTT ROAD MELBOURNE, FL 32940

01222005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1520 Tippicanoe Ct	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State
Zip: 32940 Country: Brevard	Zip / Country

4. FEI Number: 90-0108169 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KITE-POWELL, RUFUS B ~~716 ENDICOTT ROAD~~ 1520 Tippicanoe Ct. MELBOURNE, FL 32940	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Rufus B. Kite-Powell+ 1.24.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	KITE-POWELL, RUFUS B	
STREET ADDRESS	716 ENDICOTT ROAD	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Rufus B. Kite-Powell+ 1.24.05 321.508.4588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #