2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000087584

1. Entity Name
ANGLIN PROPERTIES, INC.

Principal Place of Business	Mailing Address
1419-A 5TH STREET	1419-A 5TH STREET
SARASOTA, FL 34236	SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

04092008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
01-0740491	Not Applicable

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

6. Name and Address of Current Registered Agent

LOZIER, DANIEL R
24 WEST CHASE STREET
PENSACOLA, FL 32501

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.
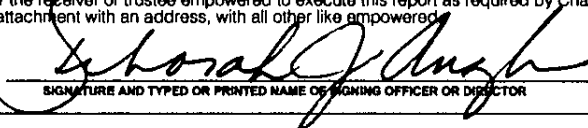
SIGNATURE _____

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	U00000899261 04/28/08-80032-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANGLIN, DEBORAH
STREET ADDRESS	7123 TREYMORE CT
CITY-ST-ZIP	SARASOTA, FL 34234

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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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: _____   4/10/08   941-539-2812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #