


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90021 023 ***150.00

DOCUMENT # P03000085884	
1. Entity Name ANGLICAN FINANCIAL SERVICES, INC.	

Principal Place of Business 716 ENDICOTT RD MELBOURNE, FL 32940	Mailing Address 716 ENDICOTT RD MELBOURNE, FL 32940
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30006616



2. Principal Place of Business 1520 Tiffanoe Ct Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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01222005 Chg-P CR2E034 (10/03)

City & State Melbourne, FL	City & State
Zip 32940	Country Brazil

4. FEI Number 90-0108169	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KITE-POWELL, REV'D CANON R. B 716 ENDICOTT RD MELBOURNE, FL 32940	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: <u>Canon R. B. Kite-Powell</u>	DATE: <u>1.24.05</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITE-POWELL, REV'D CANON R. B 716 ENDICOTT RD MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 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 empowerments.	
SIGNATURE: <u>Canon R. B. Kite-Powell</u>	DATE: <u>1.24.05</u> DAYTIME PHONE: <u>321.508.4588</u>