

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000086201

1. Entity Name
ANGLEY SYSTEM OF SCHOOLS AND COLLEGES, INC.



Principal Place of Business
**230 N WOODLAND BLVD STE 310
DELAND, FL 32720**

Mailing Address
**230 N WOODLAND BLVD STE 310
DELAND, FL 32720**

DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number
54-2120648

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANGLEY, JOSEPH T DR.
103 GLEN CLUB COURT
DEBARY, FL 32713**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DR.
NAME	ANGLEY, JOSEPH T
STREET ADDRESS	103 GLEN CLUB CT
CITY-STATE-ZIP	DEBARY, FL 32713
TITLE	D
NAME	ANGLEY, JEFFREY T ESQUIRE
STREET ADDRESS	347 PRINCE ROGERS WAY
CITY-STATE-ZIP	MARSHFIELD, MA 02050
TITLE	D
NAME	CELEC, STEVEN DR.
STREET ADDRESS	452 TIGER HAMMOCK
CITY-STATE-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000512644
04/29/06-80094-023 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06

Date

**386
216 7134**

Daytime Phone #