

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000105242
 1. Entity Name
 COURSON, ANGLIN AND BAKER, INC.



Principal Place of Business
 622 S.E. 2ND STREET
 GAINESVILLE, FL 32601

Mailing Address
 622 S.E. 2ND STREET
 GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
 74-3105356 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ANGLIN, GARY
 622 S.E. 2ND STREET
 GAINESVILLE, FL 32601

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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	P
NAME	BAKER, ROBERT C
STREET ADDRESS	2606 NW 44 PL.
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	VP
NAME	COURSON, RALPH
STREET ADDRESS	RT. 3, BOX 117
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	T
NAME	ANGLIN, GARY
STREET ADDRESS	622 S.E. 2ND ST
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000533169
 05/06/06-80112-009 150.00

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2. 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: GARY ANGLIN 4/18/06 352-376-4089
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #