


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90043 025 \*\*\*150.00

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Entity Name  
 ANGLIN & BAKER, INC.  
 ↑  
 ANGLIN



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**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3105356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ANGLIN, GARY  
 622 S.E. 2ND STREET  
 GAINESVILLE, FL 32601

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS BAKER, ROBERT C 2606 NW 44 PL. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT ANGLIN, GARY 622 S.E. 2ND ST GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 1/28/08 352 376 4089  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #