

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90020 034 ***150.00

DOCUMENT # P03000110201

1. Entity Name
ANGLO AMERICAN TRADING CORP.



40021167



Principal Place of Business
C/O COAST-TO-COAST INVMT GRP, INC.
276 BALD EAGLE DR
MARCO ISLAND, FL 34145

Mailing Address
C/O COAST-TO-COAST INVMT GRP, INC.
276 BALD EAGLE DR
MARCO ISLAND, FL 34145

2. Principal Place of Business
c/o Swope Lamberson

3. Mailing Address
c/o Swope Lamberson

Suite, Apt. #, etc.
8955 Fontana Del Sol Way P.O. Box 111419

Suite, Apt. #, etc.
8955 Fontana Del Sol Way P.O. Box 111419

City & State
Naples, FL

City & State
Naples, FL

Zip
34109

Country
USA

Zip
34108-0124

Country
USA

02142005 Chg-P CR2E034 (10/03)

4. FEI Number
55-0856218

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROLLER, PETRA
C/O COAST-TO-COAST INVESTMENT GROUP, INC.
276 BALD EAGLE DR
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name
Jane Lamberson, Swope Lamberson, et
Street Address (P.O. Box Number is Not Acceptable)
8955 Fontana Del Sol Way
City
Naples FL Zip Code
34109

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 Jane E. Lamberson

2/15/05

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, 2005 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
PSD
BOSWORTH, JOHN F
THE COACH HOUSE, HURCOTT, KIDDERMINSTER
WORCESTERSHIRE, UK, DY10 3PJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTD
MUNNS, CHRISTINE
THE COACH HOUSE, HURCOTT, KIDDERMINSTER
WORCESTERSHIRE, UK, DY10 3PJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05

Date

Daytime Phone #