

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90005 032 ***150.00

DOCUMENT # P05000074671 1. Entity Name ANGUS MORTGAGE, INC			
Principal Place of Business 28475 340TH AVE BATTLE CREEK, MN 56515		Mailing Address 28475 340TH AVE BATTLE CREEK, MN 56515	
2. Principal Place of Business 101 N. Woodland Blvd Suite, Apt. #, etc. 301 City & State Deland, FL Zip 32720 Country USA		3. Mailing Address 101 N. Woodland Blvd Suite, Apt. #, etc. #301 City & State Deland, FL Zip 32720 Country USA	
4. FEI Number 734145700		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired 1		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent G.R. ROBBINS AND ASSOCIATES, P.A. 3375-C CAPITAL CIR NE TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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><i>Gregory D. Kiser</i></u> (NOTE: Registered Agent signature required when reissuing) DATE: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGORY, KISER D 28475 340TH AVE BATTLE CREEK, MN 56515	<input type="checkbox"/> Delete	<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 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: <u><i>Gregory D. Kiser</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>6/29/06</u> Daytime Phone #: <u>386-785-1650</u>	