

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000042209

1. Entity Name
ANGLIN BROTHERS INC.



Principal Place of Business
366 PRINCE CHARLES DR.
DAVENPORT, FL 33837

Mailing Address
366 PRINCE CHARLES DR.
DAVENPORT, FL 33837

FILED

08 MAY -1 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P O Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-4550694

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGLIN, DAVID
366 PRINCE CHARLES DR.
DAVENPORT, FL 33837

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

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
MR
ANGLIN, DAVID A
366 PRINCE CHARLES DR.
DAVENPORT, FL 33837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

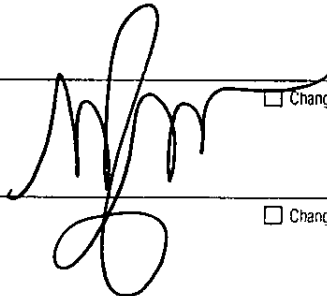
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President - Director
Anglin, David A
366 Prince Charles Dr
Davenport, FL 33837 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Anglin, Dale
366 Prince Charles Dr
Davenport, FL 33837 ☐ Change ☒ Addition


TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100130931571
06/05/08--01053--014 **70.00 ☐ Change ☐ Addition

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

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

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

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:  **David A. Anglin, Pres.** 4/23/08 407-557-0262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #