2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

DOCUMENT # P06000042209 1. Entity Name ANGLIN BROTHERS INC.						FILED 08 MAY - 1 PM 3: 48				
Principal Place of Business		Mailing Address			⊣ 08	3 MAY - 1 Pr	1 3-40			
·		•				- 1237 25	~ CTATE			
366 PRINCE CHARLES DR. Davenport, Fl. 33837		366 PRINCE CHARLES DR. Davenport, Fl. 33837			Sf	EURLIARY OF LAHASSEE.	CLUDID	٨		
DAVENFORT, FE 33037		DAVENTORI, LE 33037		TAI	LAHASSEE	LEGUID	^			
2. Principal Place of Business - No PO Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252008	Chg-P	CR2E03	4 (12/06)			
City & State		City & State			4. FEI Numbe 20-455				oplied For ot Applicable	
Zip	Country	cuntry Zip Cou		try	5. Certificate	5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current		Registered Agent	nistered Agent		7. Name and Address of New Registered Agent					
	or traine and regises of Carrent	Name Name								
ANGLIN, DAVID										
366 PRINCE CHARLES DR. DAVENPORT, FL 33837				Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code			е		
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 by profed dame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Amended AR is \$61.25 9. Election Campaign Financing										
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/	CHANGES TO OFF	CERS AND I	DIRECTOR	S IN 11	
TITLE	MR	☐ Delete	TITLE	Pı	resident	- Directo	122	(X) Change	☐ Addition	
NAME	ANGLIN, DAVID A	Docu	NAMI	. Ar	nglin, Da			ZA Cribingo	C3 Addition	
STREET ADDRESS	366 PRINCE CHARLES DR.		STRE			Charles			,	
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY	-ST-ZiP Da	avenport,	FL 33837	1			
HILE		☐ Delete	TITLE	V-	ice-Presi	dent	***************************************	☐ Change	√X Addition	
NAME			. NAMI		nglin, Da		•	- Change	· Ear-Addition	
STREET ADDRESS			STRE	ET ADDRESS 36	66 Prince	Charles	Dr			
CITY-ST-ZIP			CITY	-ST-ZIP Da	avenport,	FL 33837	7		ļ	
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
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PTLE		☐ Delete	TITLE			$\Lambda \downarrow L$		Change	Addition	
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STREET ADDRESS				ET ADDRESS		_ / 1 1//	N 1			
CHTY - ST- ZIP			CITY-	-S1-ZIP		./ 'W/ '	Ÿ			
IITLE		☐ Delete	TITLE				1	☐ Change	☐ Addition	
NAME			NAME				,			
STREET ADDRESS			STREE	ET ADDRESS		\sim \sim \sim \sim				
CITY ST-ZIP			ÇITY-	ST-ZIP		\cup				
12. Thereby o	certify that the information supplied with	this filing does not qualify for	the exe	mptions contain	ned in Chapter 119	, Florida Statutes. I !	urther certify	y that the in	formation	
of the cor	on this report or supplemental report is poration or the receiver or trustee emo	s true and accurate and that movered to execute this report a	v signat	ure shall have th	he same lenal effec	l ac if made under n	ath: that I am	n an afficar	or director	
changed.	or on an attachment with an address,	with all other like empowered.		and an appear	as in ionida otatute	o, and that my hame	appears itt	DIOUN TO UI	DIQUE IIII	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylorne Prio

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

Daylorne Prio

Date Daysme Phone #