

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028109

Entity Name: ANGLER SYSTEMS, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

3262 DELOR AVE N
NORTH PORT, FL 34286

New Principal Place of Business:

3262 DELOR AVE.
NORTH PORT, FL 34286

Current Mailing Address:

3262 DELOR AVE N
NORTH PORT, FL 34286

New Mailing Address:

3262 DELOR AVE.
NORTH PORT, FL 34286

FEI Number: 20-8563579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TARRICONE, STACEY A
3262 DELOR AVE N
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

TARRICONE, STACEY A
3262 DELOR AVE.
NORTH PORT, FL 34286 US

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.

SIGNATURE: STACEY TARRICONE

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERMAN, JEFFREY S
Address: 6707 AVENUE C
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: TARRICONE, RICHARD N
Address: 3262 DELOR AVE N
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: TARRICONE, STACEY A
Address: 3262 DELOR AVE N
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TARRICONE, RICHARD N
Address: 3262 DELOR AVE.
City-St-Zip: NORTH PORT, FL 34286

Title: D (X) Change () Addition
Name: TARRICONE, STACEY A
Address: 3262 DELOR AVE.
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY S. BERMAN

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date