## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000026144

Entity Name: ANGLER'S MOBILE MARINE SERVICE, INC.

FILED Apr 20, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

4255 SW 183RD TERRACE 311 SAINT CLAIR STREET DUNNELLON, FL 34432 US STARKE, FL 32091 US

Current Mailing Address: New Mailing Address:

4255 SW 183RD TERRACE 311 SAINT CLAIR STREET DUNNELLON, FL 34432 US STARKE, FL 32091 US

FEI Number: 26-2169994 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMILTON, KEVIN D
4255 SW 183RD TERRACE
DUNNELLON, FL 34432 US

HAMILTON, KEVIN D
311 SAINT CLAIR STREET
STARKE, FL 32091 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: 04/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

P, T ( ) Delete Title: P, T (X) Change ( ) Addition

 Name:
 HAMILTON, KEVIN D
 Name:
 HAMILTON, KEVIN D

 Address:
 4255 SW 183RD TERRACE
 Address:
 311 SAINT CLAIR STREET

 City-St-Zip:
 DUNNELLON, FL 34432 US
 City-St-Zip:
 STARKE, FL 32091 US

Title: VP,S Title: VP,S (X) Change ( ) Addition () Delete HAMILTON, GWENDOLYN K Name: Name: HAMILTON, GWENDOLYN K 4255 SW 183RD TERRACE Address: 311 SAINT CLAIR STREET Address: DUNNELLON, FL 34432 US STARKE, FL 32091 US City-St-Zip: City-St-Zip:

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: GWENDOLYN K. HAMILTON VP,S 04/20/2009