

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90093 044 ***150.00

DOCUMENT # P92000005491

1. Entity Name

ANSLEY, INC.



Principal Place of Business

4101 N.W. 8 STREET
COCONUT CREEK FL 33066

Mailing Address

P.O. BOX 6351
FORT LAUDERDALE FL 33310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0371282

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

ANSLEY, BARBARA J
701 E COMMERCIAL BLVD
THIRD FLOOR
FORT LAUDERDALE FL 33334

Name

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

4101 N.W. 8 STREET

City

COCONUT CREEK

FL

Zip Code

33066

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

Barbara Jean Ansley BARBARA JEAN ANSLEY

4-11-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME ANSLEY, BARBARA JEAN
STREET ADDRESS P.O. BOX 6351 N/A
CITY-ST-ZIP FORT LAUDERDALE FL 33310

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

TITLE SD ☐ Delete
NAME NOGUEZ, MARGARET
STREET ADDRESS 12508 FOREST LANE DR
CITY-ST-ZIP TAMPA FL 33624

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5619 PINNEY LANE DRIVE
CITY-ST-ZIP TAMPA FL 33625

TITLE VD ☐ Delete
NAME LETZLER, ELIZABETH
STREET ADDRESS 1 BERKLEY STREET
CITY-ST-ZIP BALDWIN NY 11510

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Barbara Jean Ansley BARBARA JEAN ANSLEY 4-11-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #