

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000088757

1. Entity Name
ANSER, INC.



Principal Place of Business
**5000 SW 25TH BV, #1113
GAINESVILLE, FL 32608**

Mailing Address
**C/O M.C. THURBER
5000 SW 25TH BV, #1113
GAINESVILLE, FL 32608**



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0544809

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOGT, THOMAS A ESQ.
700 COLORADO AVE.
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

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 *Thomas A. Focht, President*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

25 APRIL 2007
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	VPTD PUETT, EDWIN E JR 38 EAST HIGH POINT ROAD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THURBER, MARY C 5000 SW 25TH BV, #1113 GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIPPY, WALTER 509 SE RIVERSIDE DRIVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOVER, RON 509 RIVERSIDE DR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARD, KATHY 4849 CASH ROAD FLOWERY BRANCH, GA 30542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000732695
05/09/07-80056-007 150.00

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: *Mary Caroline Simmons Thurber, President* / *25 APRIL 2007* / *352-373-0662*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #