

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 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



04192008 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 <input type="checkbox"/>	\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000922243
05/15/08-80038-023 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY C. THURBER

22 APRIL 2008

Date

Daytime Phone #

352-378-0662