2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000029119

FILED Mar 03, 2004 Secretary of State

Entity Name: ANGLEY COLLEGE, INC. **Current Principal Place of Business: New Principal Place of Business:** 230 N WOODLAND BLVD STE-310 DELAND, FL 32720 **New Mailing Address: Current Mailing Address:** 230 N WOODLAND BLVD STE-310 DELAND, FL 32720 FEI Number: 65-0675930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANGLEY, JOSEPH T DR 230 N WOODLAND BLVD STE-310 DELAND, FL 32720 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ANGLEY, JOSEPH T Name: Name: ANGLEY, JOSEPH T 108 JAMES POND COURT 103 GLEN CLUB COURT Address: Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713 Title: VD Title: VD () Delete (X) Change () Addition Name: ANGLEY, ELIZABETH Name: ANGLEY, JEFFERY T 108 JAMES POND COURT 347 PRINCE ROGERS WAY Address: Address: DEBARY, FL 32713 MARSHFIELD, MA 302050 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: D CEIEC, STEPHEN CELEC, STEPHEN Name: Name: 452 TIGER HAMMOCK RD 452 TIGER HAMMOCK RD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CRAWFORDVILLE, FL 32327

() Change () Addition

SIGNATURE: JOSEPH ANGLEY PD 03/03/2004

CRAWFORDVILLE, FL 32327

EULIANO, CAROLYN

4976 COURTLAND LOOP

WINTER SPRINGS, FL 32708

(X) Delete

City-St-Zip:

Title:

Name:

Address:

City-St-Zip: