


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000014612 1. Entity Name ANGLER'S VILLA, INC.	
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Principal Place of Business 3203 SE 29TH LN. OKEECHOBEE, FL 34974	Mailing Address 3203 SE 29TH LN. OKEECHOBEE, FL 34974
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0641349	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FALK, LOIS 3203 SE 29TH LN. OKEECHOBEE, FL 34974
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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 <u>Lois Falk (Lois FALK)</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>1-16-06</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLOPFENSTEIN, CHARLES E 3203 SE 29TH LN. OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO KLOPFENSTEIN, HAROLD S 3033 SE 29TH LANE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FALK, LOIS A 3203 SE 29TH LN OKEECHOBEE, FL
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01/24/06-80096-011 150.00

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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: <u>Harold Sidney Klopfenstein</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>1/16/06</u> DAYTIME PHONE # <u>863-7435060</u>

HAROLD SIDNEY KLOPFENSTEIN