## FOR PROFIT CORPORATION

**FILED** Apr 28, 2003 8:00 am Secretary of State

**UNIFORM BUSINESS REPORT (UBR)** 

	- / -	<u> </u>		
DOCUMENT # P 960000 40066 1. Entity Name ANGER & CO., FNC.	04-28-2003 91492 032 ***150.00			
DO NOT WRITE IN THIS SI	PACE			
Principal Place of Business     3. Mailing Address				
114 Hollyhock DR Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
ALTA. 3P65 City & State FLORINA City & State		4. FEI Number Applied For Not Applied For Not Applicable		
Zio — — — — — — — — — — — Zip — — — — — — — — — — — — — — — — — — —	Country	5. Certificate of Status Desired Fee Required		
		7. Name and Address of Current Registered Agent		
Name Avid		GER SHARON M		
DO NOT WRITE	Street Address	GER, SHARON m (P.O. Box Number is Not Acceptable)		
IN THIS SPACE	Hollyhack, BR.			
	Zip Code			
74CINMONTE 3763 IL 32701				
<ol> <li>The above named entity submits this statement for the purpose of changing its the obligations of registered agent.</li> </ol>	registered office or regist	ered agent, or both, in the State of Florida, I am familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE	: Registered Agent signature requir	ed when ranstating) DATE		
(Uanuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE P	TITLE			
NAME ANGER, SHARON M	NAME expect appreces			
NAME  ANGER, SHARON M  STREET ADDRESS  CITY-ST-ZIP  ALTA MONTE SPRGS FL  NAME  STREET ADDRESS  CITY-ST-ZIP  ALTA MONTE SPRGS FL				
TITLE	TITLE			
NAME	NAME	18		
STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP			
TITLE "	TITLE			
NAME	NAME			
STREET ADDRESS	STREET ADDRESS	DO NOT WRITE		
CITY-ST-ZIP	CITY-ST-ZIP	······································		
TITLE NAME	TITLE NAME	IN THIS SPACE		
STREET ADDRESS	STREET ADDRESS			
CITY-ST-ZIP	CITY-ST-ZIP			
ITLE	TITLE			
NAME STREET ADDRESS	NAME STREET ADDRESS			
CITY-ST-ZIP	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 eath; 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 on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

	SIGNATURE: Shawn Mr. asyw, Busidest	SHARON M. ANGER	4/24/03	401: 332:0015
" SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date / Davirne Phone #	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date		