2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P96000088043

Entity Name: ANCOS, INC.

Current Principal Place of Business:

100 N. TAMPA STREET
SUITE 4100
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

100 N. TAMPA STREET
SUITE 4100
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3407578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Title:	PST	( ) Delete
Name:	CASON, WARREN M	
Address:	100 N. TAMPA STREET	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	DC	( ) Delete
Name:	CASON, DOROTHY C	
Address:	5121 S. NICHOL STREET	
City-St-Zip:	TAMPA, FL 33611 US	
Title:	DVP	( ) Delete
Name:	HOWELL, MARY E C	
Address:	5105 S NICHOL ST	
City-St-Zip:	TAMPA, FL 33611US	
Title:	DVP	( ) Delete
Name:	CASON, CAREY C	
Address:	904 OAK HOLLOW PLACE	
City-St-Zip:	BRANDON, FL 33510	
Title:	DAST	( ) Delete
Name:	SCOGGINS, MELISSA C	
Address:	301 BLANCHART VIEW DRIVE	
City-St-Zip:	WHITEFISH, MT 59937 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DVP	(X) Change ( ) Addition
Name:	CASON, CAREY C	
Address:	4507 WATROUS	
City-St-Zip:	TAMPA, FL 33529	
Title:	DAST	(X) Change ( ) Addition
Name:	SCOGGINS, MELISSA C	
Address:	81449 MONTANA HIGHWAY 83	
City-St-Zip:	BIG FORK, MT 59911 US	

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.

SIGNATURE: WARREN M. CASON PST 04/18/2005

Electronic Signature of Signing Officer or Director Date