

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000088043

Entity Name: ANCOS, INC.

FILED
Mar 17, 2009
Secretary of State

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:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: PTD () Delete
Name: CASON, WARREN M
Address: 100 N. TAMPA STREET, STE. 4100
City-St-Zip: TAMPA, FL 33602 US

Title: VPD () Delete
Name: CASON, DOROTHY C
Address: 5121 S. NICHOL STREET
City-St-Zip: TAMPA, FL 33611 US

Title: S () Delete
Name: ANDREWS, DELORES
Address: 6019 LEMON TREE COURT
City-St-Zip: TAMPA, FL 33625 US

Title: AS () Delete
Name: PARRISH, BARBARA J
Address: 100 N. TAMPA STREET, STE 4100
City-St-Zip: TAMPA, FL 33602 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

PTD

03/17/2009

Electronic Signature of Signing Officer or Director

Date