

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90019 022 \*\*\*150.00

**DOCUMENT # P97000024903**

1. Entity Name  
**ANGLIN INSURANCE & INVESTMENT SERVICES, INC.**



Principal Place of Business

**826 CREIGHTON RD.  
STE. B-104  
PENSACOLA, FL 32504**

Mailing Address

**P.O. BOX 13507  
PENSACOLA, FL 32591-3507**

2. Principal Place of Business

**2707 BON AIR AVE.**

3. Mailing Address

**2707 BON AIR AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA FL.**

City & State

**SARASOTA FL**

Zip

**34234**

Country

**USA**

Zip

**34234**

Country

**USA**

01242005

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3436864**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MANN, THOMAS D  
4457 BAYON BLVD.  
PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-26-05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ANGLIN, KIPP E**  
STREET ADDRESS **826 CREIGHTON RD. STE B-104**  
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Kipp E. Anglin**  
STREET ADDRESS **2707 BON AIR AVE**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

**K.E. Anglin**

**1-26-05**