2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000018001

1. Entity Name

ANGLER MARINE OF PENSACOLA, INC.



FILED Feb 28, 2005 08:00 AM Secretary of State

Principal Place of Business

2210 B TOWN ST PENSACOLA, FL 32505 Mailing Address

2210-B TOWN STREET PENSACOLA, FL 32505



02152005

No Chg-P

CR2E034 (10/03)

4.	FEI Number
	59-3497396

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name and Address of	Current Re	gistered	A	geni	Ł
				_		7

KENNEDY, JOHN R 4905 STATE STREET PENSACOLA, FL 32507

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The above the obligat	named entity submits this statement for the prilons of registered agent.	urpose of changing its registered	l office or i	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered A	gent signalur	e required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, JOHN R 2210-B TOWN STREET PENSACOLA, FL 32505				;00005745453 32728785-88027-815 150,00
ITLE IAME STREET ADDRESS SITY-ST-ZIP					
ITLE IAME STREET ADDRESS SITY - ST-ZIP				DO	NOT WRITE
ITLE IAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
ITLE KAME STREET ADDRESS CITY-ST-ZIP					
ITLE 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:

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-24-05 850 436 4007

Daytime Phone #