

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90006 027 ***150.00

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Entity Name
ANGLIN CONSTRUCTION COMPANY



Principal Place of Business
**622 SE 2ND ST.
GAINESVILLE, FL 32601**

Mailing Address
**622 SE 2ND ST.
GAINESVILLE, FL 32601**

DO NOT WRITE IN THIS SPACE

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3504786

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANGLIN, GARY
622 SE 2ND ST.
GAINESVILLE, FL 32601**

**DO NOT WRITE
IN THIS SPACE**

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

GARY ANGLIN

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

(NOTE: Registered Agent signature required when reinstating)

1/16/08

Date

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANGLIN, GARY
STREET ADDRESS	215 N E 4TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32601

TITLE	VP
NAME	POULAS, PETER
STREET ADDRESS	1317 NW 4TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601

TITLE	VP
NAME	VALLETTA, PAUL
STREET ADDRESS	14815 SW 79 PLACE
CITY-ST-ZIP	ARCHER, FL 32618

TITLE	S
NAME	KIRKLAND, GENE
STREET ADDRESS	622 SE 2ND STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, live empowered.

SIGNATURE:

GARY ANGLIN

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

Date

Daytime Phone #