2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S92104

Entity Name: SOUTHERN ANGLER INC.

City-St-Zip: PORT SAINT LUCIE, FL 34953

FILED Mar 09, 2009 Secretary of State

Littly Nai	iiie. 3001111	LRN ANGLER, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
3585 S.E. STUART,	ST. LUCIE BL FL 34997	VD. US			
Current Mailing Address:			New Mailing Address:		
3585 S.E. STUART,	ST. LUCIE BL FL 34997	VD. US			
FEI Number	: 65-0294169	FEI Number Applied For ()	FEI Number Not Applica	ble () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and A	Name and Address of New Registered Agent:	
CORMIER 3585 S.E. STUART,	ST. LUCIE BL	VD. US			
	named entity e of Florida.	submits this statement for the	purpose of changing its	registered office or registered agent, or both,	
SIGNATU	RE:				
		nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CORMIER, DA 2465 S.W. VA) Delete NID S RDON STREET LUCIE, FL 34953	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (CORMIER, W. 410 N. E. TOV JENSEN BEAG	VN TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRES (CORMIER, JU 410 N.E. TOW JENSEN BEAG	/N TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	CORMIER, AN) Delete //Y L	Name: C	SECR (X) Change () Addition CORMIER, AMY L	

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.

City-St-Zip: PORT SAINT LUCIE, FL 34953

SIGNATURE: AMY L CORMIER SECR 03/09/2009