

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S92104

FILED  
Mar 31, 2010  
Secretary of State

Entity Name: SOUTHERN ANGLER, INC.

**Current Principal Place of Business:**

3585 S.E. ST. LUCIE BLVD.  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

3585 S.E. ST. LUCIE BLVD.  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 65-0294169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORMIER, DAVID S  
3585 S.E. ST. LUCIE BLVD.  
STUART, FL 34997 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: P  
Name: CORMIER, DAVID S  
Address: 2465 S.W. VARDON STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP  
Name: CORMIER, WALLACE  
Address: 410 N. E. TOWN TERRACE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: TRES  
Name: CORMIER, JUDITH  
Address: 410 N.E. TOWN TERRACE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: SECR  
Name: CORMIER, AMY L  
Address: 2465 S. W. VARDON STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: DAVID S CORMIER

P

03/31/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date