2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2014
Secretary of State
CC6620577489

DOCUMENT# P07000021907

Entity Name: ANL, INC.

Current Principal Place of Business:

400 ATLANTIC STREET
MELBOURNE BEACH, FL 32951

Current Mailing Address:

670 COCOANUT GROVE AVE.
WEST MELBOURNE, FL 32904 US

FEI Number: 20-8888581

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRESE, GARY B
930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32935 US

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

Officer/Director Detail :

Title	D
Name	LEVINE, PHILIP S
Address	400 ATLANTIC STREET
City-State-Zip:	MELBOURNE BEACH FL 32951

Title	D
Name	ANGELINE, MARK L
Address	670 COCOANUT GROVE AVE.
City-State-Zip:	WEST MELBOURNE FL 32904

Title	P
Name	ANGELINE, MARK L
Address	670 COCOANUT GROVE AVE.
City-State-Zip:	WEST MELBOURNE FL 32904

Title	VP
Name	LEVINE, PHILIP S
Address	400 ATLANTIC STREET
City-State-Zip:	MELBOURNE BEACH FL 32951

Title	S
Name	LEVINE, PHILIP S
Address	400 ATLANTIC STREET
City-State-Zip:	MELBOURNE BEACH FL 32951

Title	T
Name	ANGELINE, MARK L
Address	670 COCOANUT GROVE AVE.
City-State-Zip:	WEST MELBOURNE FL 32904

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: MARK ANGELINE PRESIDENT 01/17/2014

Electronic Signature of Signing Officer/Director Detail — Date