


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-04-2004 90030 027 ****61.25

DOCUMENT # N03000002623
 1. Entity Name
EARTH ANGELS OF CLERMONT, INC.



Principal Place of Business Mailing Address
 151 E MINNEHAHA AVE 151 E MINNEHAHA AVE
 CLERMONT FL 34711 CLERMONT FL 34711

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

6. Name and Address of Current Registered Agent
SWEETING, LURLENE M
151 E MINNEHAHA AVE
CLERMONT FL 34711

4. FEI Number **45-0508782** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME DC DODGE, LARRY	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1401 W HWY 50 #54		STREET ADDRESS	
CITY-ST-ZIP CLERMONT FL 34711		CITY-ST-ZIP	
TITLE NAME D SPEAR, MARLIS J	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3643 KINGSWOOD CT		STREET ADDRESS	
CITY-ST-ZIP CLERMONT FL 34711		CITY-ST-ZIP	
TITLE NAME DS LALUMIALYDIA, LYDIA	<input type="checkbox"/> Delete	TITLE NAME DS LALUMIA, LYDIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3915 SCARBOROUGH CT		STREET ADDRESS 3915 SCARBOROUGH CT	
CITY-ST-ZIP CLERMONT FL 34711		CITY-ST-ZIP CLERMONT, FL 34711	
TITLE NAME DT LOVEJOY, LINDA	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4012 HAMMERSMITH DR		STREET ADDRESS	
CITY-ST-ZIP CLERMONT FL 34711		CITY-ST-ZIP	
TITLE NAME D SWEETING, LURLENE M	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 151 E MINNEHAHA AVE		STREET ADDRESS	
CITY-ST-ZIP CLERMONT FL 34711		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: Linda Lovejoy **LINDA LOVEJOY** 1/28/04 **(352) 241-8578**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #