


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-NP CR2E037 (10/03)

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

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

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	DODGE, LARRY
STREET ADDRESS	1401 WHWY 50 #54
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	SPEAR, MARLIS J
STREET ADDRESS	3643 KINGSWOOD CT
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	DS
NAME	LALUMIA, LYDIA
STREET ADDRESS	3915 SCARBOROUGH CT
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	DT
NAME	LOVEJOY, LINDA
STREET ADDRESS	4012 HAMMERSMITH DR
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	SWEETING, LURLENE M
STREET ADDRESS	151 E MINNEHAHA AVE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/19/05-80033-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 J. Lovejoy Treasurer*      4/14/05      (352) 241-8578  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #