


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90010 040 ***150.00

DOCUMENT # P03000137263

1. Entity Name
ANGELIC CONSTRUCTION CLEANING SERVICES, INC.



Principal Place of Business
12618 STOCKWOOD LANE
JACKSONVILLE, FL 32225

Mailing Address
12618 STOCKWOOD LANE
JACKSONVILLE, FL 32225

2. Principal Place of Business
12618 Stockwood Ln

3. Mailing Address
same

Suite, Apt. #, etc.

City & State
Jacksonville FL.

City & State

Zip
32225

Country
United States



07012004 Chg-P CR2E034 (10/03)

4. FEI Number
27-0072284

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

KRAMER, PAMELA L
12618 STOCKWOOD LANE
JACKSONVILLE, FL 32225

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 Pamela L. Kramer DATE 9-3-04

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	PD	Delete
	KRAMER, PAMELA	12618 STOCKWOOD LANE	JACKSONVILLE, FL 32225	<input type="checkbox"/>	Delete
	PADGETT, LYNDORA	12618 STOCKWOOD LANE	JACKSONVILLE, FL 32225	<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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: Pamela L. Kramer DATE 9-3-04 DAYTIME PHONE # 331-9264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR