

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90172 032 \*\*\*\*70.00

**DOCUMENT # 727481**

1. Entity Name  
**THE ANGELS UNAWARE, INC.**



Principal Place of Business  
**4918 W. LINEBAUGH AVE.  
P. O. BOX 270040  
TAMPA, FL 33688-0040**

Mailing Address  
**4918 W. LINEBAUGH AVE.  
P. O. BOX 270040  
TAMPA, FL 33688-0040**

**20046819**



02032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-7346870**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'BANION, ROSS H., JR.  
4918 W. LINEBAUGH AVENUE  
TAMPA, FL 33624**

**DO NOT WRITE  
IN THIS SPACE**

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.

**ROSS H. O'BANION, JR.  
EXEC. DIRECTOR**

SIGNATURE *[Signature]*  
Signature is typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/14/05**  
DATE

**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	S
NAME	HATFIELD, JOYCE
STREET ADDRESS	12140 PILOT COUNTRY DRIVE
CITY - ST - ZIP	SPRING HILL, FL 34610 <i>Joyce Hatfield</i>
TITLE	VP
NAME	BUCHANAN, DOLAN
STREET ADDRESS	206 W POWHATAN AVENUE
CITY - ST - ZIP	TAMPA, FL 33604 <i>Dolan Buchanan</i>
TITLE	TD
NAME	MONFORT, EDWARD
STREET ADDRESS	4410 NORTH B. ST.
CITY - ST - ZIP	TAMPA, FL <i>William E. Monfort</i>
TITLE	D
NAME	TODD, ERNIE
STREET ADDRESS	13712 COUNTRY COURT DRIVE
CITY - ST - ZIP	TAMPA, FL 33625 <i>Ernest Todd</i>
TITLE	D
NAME	TATUM, CONNIE
STREET ADDRESS	3002 W PATTERSON
CITY - ST - ZIP	TAMPA, FL 33614
TITLE	P
NAME	ALBANO, ROBERT
STREET ADDRESS	209 S. GUNLOCK
CITY - ST - ZIP	TAMPA, FL 33609 <i>Robert J. Albano</i>

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]*

**Robert J Albano - President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #