

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000045923

Entity Name: GRANT ANGEL MANAGEMENT INC**Current Principal Place of Business:**8442 US HIGHWAY 1
MICCO, FL 32976**Current Mailing Address:**8442 US HIGHWAY 1
MICCO, FL 32976 US**FEI Number:** 47-4117699**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARUSO, STEVEN
486 N HARBOR CITY BLVD
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 | P |
| Name | DOUGLAS, BONNIE |
| Address | 8440 US HIGHWAY 1 |
| City-State-Zip: | MICCO FL 32976 |

| | |
|-----------------|---------------------|
| Title | D |
| Name | CLASEN, KATHLEEN J |
| Address | 2800 ROCKY POINT RD |
| City-State-Zip: | MALABAR FL 32950 |

| | |
|-----------------|-------------------------|
| Title | D |
| Name | DOUGLAS, CHARLES STEVEN |
| Address | 4985 US HIGHWAY 1 SOUTH |
| City-State-Zip: | GRANT FL 32949 |

| | |
|-----------------|-----------------|
| Title | D |
| Name | DOUGLAS, CONNIE |
| Address | 2275 GRANT RD |
| City-State-Zip: | GRANT FL 32949 |

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: CHARLES STEVEN DOUGLAS**OFFICER****01/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date