

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000074491

**Entity Name:** ANGELS THRIFT SHOP, INC.

**Current Principal Place of Business:**

815 ORIENTA AVE  
STE 2020  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

815 ORIENTA AVE  
STE 2020  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 82-2818430

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KCI KEICOR CONSULTING, INC.  
815 ORIENTA AVE  
STE 2020  
ALTAMONTE SPRINGS, FL 32701 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            TRES  
Name            LEHMANN, KEITH  
Address        815 ORIENTA AVE STE 2020  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            P  
Name            STOPKOWITZ, SHARON  
Address        659 KILLIAN CIR  
City-State-Zip: DELTONA FL 32738

*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:** KEITH LEHMANN

**TREASURER**

**04/06/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date