

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 174398

1. Entity Name
ANGEL-OLSON INC



Principal Place of Business
**300 SPENCER SHORES
HAINES CITY, FL 33844**

Mailing Address
**POST OFFICE BOX 366
HAINES CITY, FL 33844**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6072793

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TUNNO, W C JR
300 SPENCER SHORES
HAINES CITY, FL 33844**

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OLSON, JOHN E
STREET ADDRESS 10 VAGABOND LANE
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE SD
NAME TUNNO, PATRICIA A
STREET ADDRESS 300 SPENCER SHORES
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE TD
NAME JORDAN, MARY O
STREET ADDRESS 1776 6TH ST NW APT 506
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE V
NAME TUNNO, W C JR
STREET ADDRESS 300 SPENCER SHORES
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000959898
04/02/08-80032-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #