

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 174398

Entity Name: ANGEL-OLSON INC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

300 SPENCER SHORES
HAINES CITY, FL 33844

New Principal Place of Business:

300 SPENCER SHORES
HAINES CITY, FL 33844 US

Current Mailing Address:

POST OFFICE BOX 366
HAINES CITY, FL 33844

New Mailing Address:

POST OFFICE BOX 366
HAINES CITY, FL 33844 US

FEI Number: 59-6072793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLSON, JOHN E
Address: 10 VAGABOND LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD () Delete
Name: TUNNO, PATRICIA A
Address: 300 SPENCER SHORES
City-St-Zip: HAINES CITY, FL 33844

Title: TD () Delete
Name: JORDAN, MARY O
Address: 1776 6TH ST NW APT 506
City-St-Zip: WINTER HAVEN, FL 33881

Title: V () Delete
Name: TUNNO, W C JR
Address: 300 SPENCER SHORES
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OLSON, JOHN E
Address: 10 VAGABOND LANE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: SD (X) Change () Addition
Name: TUNNO, PATRICIA A
Address: 300 SPENCER SHORES
City-St-Zip: HAINES CITY, FL 33844 US

Title: TD (X) Change () Addition
Name: JORDAN, MARY O
Address: 1776 6TH ST NW APT 506
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: V (X) Change () Addition
Name: TUNNO, W C JR
Address: 300 SPENCER SHORES
City-St-Zip: HAINES CITY, FL 33844 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: W C TUNNO JR

V

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date