

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 337787

1. Entity Name
ANGELINE CORP



Principal Place of Business

PO BOX 789
LAND O' LAKES, FL 34639-0887

Mailing Address

PO BOX 789
LAND O' LAKES, FL 34639-0887



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1233527

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEXLEY, JENNIFER C
10111 ORANGE GROVE DR.
TAMPA, FL 33618

**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 _____ (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**

000000950037
06/03/08-80047-017 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BEXLEY, JENNIFER C
10111 ORANGE GROVE DR
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BEXLEY, SUSANNAH E
1403 W HORATIO ST
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEXLEY, MABEL H
16750 S.R. 52
LAND O LAKES, FL 34639

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Jennifer Bexley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08
Date

813-956-3291
Daytime Phone #