

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90032 025 ***158.75

DOCUMENT # G14942

1. Entity Name
ROBERT M. ANGAS ASSOCIATES, INC.



Principal Place of Business
**14775 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258**

Mailing Address
**14775 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258**

50001052

2. Principal Place of Business - No P.O. Box #
14775 Old St. Augustine Rd.

3. Mailing Address
14775 Old St. Augustine Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01102007 Chg-P CR2E034 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-2243236

Applied For
Not Applicable

Zip
32258

Country

Zip
32258

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRISSINGER, SAMUEL R
14775 ST AUGUSTINE RD
JACKSONVILLE, FL 32258**

Name

Street Address (P.O. Box Number is Not Acceptable)
14775 Old St. Augustine Rd.

City

Jacksonville

FL

Zip Code

32258

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVDS
MATHEWS, N. HUGH
14775 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32258** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14775 Old St. Augustine Rd.
Jacksonville, FL 32258** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
MILLER, DOUGLAS C.
14775 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32258** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14775 Old St. Augustine Rd.
Jacksonville, FL 32258** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
REYNOLDS, JOSEPH L
14775 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32258** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14775 Old St. Augustine Rd.
Jacksonville, FL 32258** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVD
LAMPP, DAVID
14775 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32258** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14775 Old St. Augustine Rd.
Jacksonville, FL 32258** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CRISSINGER, SAMUEL R
14775 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32258** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14775 Old St. Augustine Rd.
Jacksonville, FL 32258** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 #

Samuel R. Crissinger 1/19/07 642-5390