

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G14942

FILED
Aug 06, 2009
Secretary of State**Entity Name:** ROBERT M. ANGAS ASSOCIATES, INC.**Current Principal Place of Business:**14775 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258**New Principal Place of Business:****Current Mailing Address:**14775 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258**New Mailing Address:**14775 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258**FEI Number:** 59-2243236**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CRISSINGER, SAMUEL R
14775 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32258 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

OFFICERS AND DIRECTORS:**Title:** EVDS () Delete
Name: MATHEWS, N. HUGH
Address: 14775 OLD ST.AUGUSTINE
City-St-Zip: JACKSONVILLE, FL 32258**Title:** PDT () Delete
Name: MILLER, DOUGLAS C.
Address: 14775 OLD ST.AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258**Title:** VP () Delete
Name: REYNOLDS, JOSEPH L
Address: 14775 OLD ST.AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258**Title:** EVD () Delete
Name: LAMPP, DAVID
Address: 14775 OLD ST.AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258**Title:** VP (X) Delete
Name: CRISSINGER, SAMUEL R
Address: 14775 OLD ST.AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PDT (X) Change () Addition
Name: MILLER, DOUGLAS C
Address: 14775 OLD ST.AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258**Title:** VP (X) Change () Addition
Name: SMITH, THOMAS J
Address: 14775 OLD ST.AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258**Title:** VP (X) Change () Addition
Name: CRISSINGER, SAMUEL R
Address: 14775 OLD ST.AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMUEL R. CRISSINGER

VP

08/06/2009

Electronic Signature of Signing Officer or Director

Date