

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G69949**

1. Entity Name  
**ANGEL THOUGHTS, INC.**



Principal Place of Business  
**2108 NE 63RD CT  
FORT LAUDERDALE, FL 33308 US**

Mailing Address  
**2108 NE 63RD CT  
FORT LAUDERDALE, FL 33308 US**



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2345664**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CRAWFORD, WILLIAM G., JR.  
315 SE 7TH ST #303  
FT LAUDERDALE, FL 33301**

**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 restate)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**000000090519  
03/17/04-80022-015 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
CRAWFORD, WILLIAM G, JR  
315 SE 7TH ST #303  
FT LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
CRAWFORD, JAMES C.  
2108 NE 63RD CT  
FT LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
CRAWFORD, DOROTHY C  
2108 NE 63RD CT  
FORT LAUDERDALE, FL 33308**

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 exemption stated in Section 119.07(3)(i), 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

**x 3/12/04**

Date

Daytime Phone #

**Dorothy C. Crawford**