

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90034 036 ***150.00

DOCUMENT # G96208

1. Entity Name
ANGELIER CONSTRUCTION INCORPORATED



Principal Place of Business
**2212 RIVER RIDGE ROAD
STE. 113
DELAND, FL 32820 US**

Mailing Address
**2212 RIVER RIDGE ROAD
113
DELAND, FL 32720 US**



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2419398

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

NARDELLA, TONY M ESQ
1110 DOUGLAS AVE **234 N. WEST MONTE AVE.**
ALTAMONTE SPRINGS, FL 32714
SUITE 3000

**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 reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANGELIER, CHARLES F III 2212 RIVER RIDGE ROAD DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANGELIER, MARY T 2212 RIVER RIDGE ROAD DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

4-2-04 386-736-2234

Date

Daytime Phone #