2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G96208 ANGELIER CONSTRUCTION INCORPORATED



FILED Apr 16, 2007 08:00 All Secretary of State

Principal Place of Business

Mailing Address

2212 RIVER RIDGE ROAD STE. 113

DELAND, FL 32820

2212 RIVER RIDGE ROAD

DELAND, FL 32720 US



CR2E034 (11/05)

Fee Required

DO NOT WRITE IN THIS SPACE

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4. FEI Number			Applied For
59-2419398			Not Applicable
5. Certificate of Status Desired	П	\$8.75 Additional	

No Chg-P

IN THIS SPACE

6. Name and Address of Current Registered Agent DO NOT WRITE

NARDELLA, TONY M ESQ 234 N WEST MONTE AVE **STE 3000** ALTAMONTE SPRINGS, FL 32714

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, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

03282007

10. OFFICERS AND DIRECTORS ANGELIER, CHARLES F III NAME STREET ADDRESS 2212 RIVER RIDGE ROAD CITY-ST-ZIP DELAND, FL ANGELIER, MARY T NAME 2212 RIVER RIDGE ROAD STREET ADDRESS CITY-ST-ZIP DELAND, FL NAME STREET ADDRESS CITY-ST-ZIP

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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 charged, or on an attachment with an address, with all gibat like empowered.

SIGNATUR	E: (2	امها

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR ARINTED NAME OF NG OFFICER OR DIRECTOR

Daytime Phone #