


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # N03000002623 1. Entity Name EARTH ANGELS OF CLERMONT, INC.	
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Principal Place of Business 151 E MINNEHAHA AVE CLERMONT, FL 34711	Mailing Address 151 E MINNEHAHA AVE CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



02102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 45-0508782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SWEETING, LURLENE M
151 E MINNEHAHA AVE
CLERMONT, FL 34711**

**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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	DC DODGE, LARRY 1401 WHWY 50 #54 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LALUMIA, LYDIA 3915 SCARBOROUGH CT CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOVEJOY, LINDA 4012 HAMMERSMITH DR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEETING, LURLENE M 151 E MINNEHAHA AVE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000730478
05/08/07-80083-004 61.25

**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 617, 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: Linda J. Lovejoy LINDA J. LOVEJOY 4/23/07 (352) 241-8578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #