

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009579

FILED
Apr 30, 2009
Secretary of State

Entity Name: ANGELS HAVE WHISKERS, INC.

Current Principal Place of Business:

1142 BUCKLES RD
PIERSON, FL 32180

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 274
BARBERVILLE, FL 32105

New Mailing Address:

FEI Number: 42-1649030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOCKHOLM, CHERIE
1142 BUCKLES RD
PIERSON, FL 32180 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: D () Delete
Name: STOCKHOLM, CHERIE
Address: 1142 BUCKLES RD
City-St-Zip: PIERSON, FL 32180

Title: D () Delete
Name: RUBIN, MARK
Address: 3693 WALDEN POND DR
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: WASKIEWICZ-PELELLA, CINDY
Address: 6 RIVER ROCK TRL
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERIE STOCKHOLM

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date