

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008306

FILED  
Jun 30, 2009  
Secretary of State

Entity Name: ARCHANGELS EVERLASTING, INC.

## Current Principal Place of Business:

2013 MURCOTT DRIVE SUITE A  
ST. CLOUD, FL 34771

## New Principal Place of Business:

27 E 13TH STREET  
ST. CLOUD, FL 34769

## Current Mailing Address:

2013 MURCOTT DRIVE SUITE A  
ST. CLOUD, FL 34771

## New Mailing Address:

27 E 13TH STREET  
ST. CLOUD, FL 34769

FEI Number: 26-3355883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

CLARK, JASON  
2595 CYPRESS LANE  
KISSIMMEE, FL 34746      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: P ( ) Delete  
Name: CLARK, JASON  
Address: 2595 CYPRESS LANE  
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete  
Name: SCOTT, SPENCER  
Address: 4981 ALITA TERRACE  
City-St-Zip: ST. CLOUD, FL 34769

Title: D ( ) Delete  
Name: FREIRE, LAURIE  
Address: 3816 KYLE DRIVE  
City-St-Zip: ST. CLOUD, FL 34772

Title: D ( ) Delete  
Name: TROTTER, MARY  
Address: 4150 CANOE CREEK RD  
City-St-Zip: ST. CLOUD, FL 34772

Title: D ( ) Delete  
Name: STEELE, STEPHANIE  
Address: 810 NORTH NARCOOSSEE RD  
City-St-Zip: ST. CLOUD, FL 34771

Title: D ( ) Delete  
Name: DONNELLY, DELISA  
Address: 1424 HIDDEN OAKS BEND  
City-St-Zip: ST. CLOUD, FL 34771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: SCOTT, SPENCER  
Address: 27 E 13TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

Title: D (X) Change ( ) Addition  
Name: FREIRE, LAURIE  
Address: 2912 PIMBERLY PINE CIRCLE  
City-St-Zip: ST. CLOUD, FL 34769

Title: S (X) Change ( ) Addition  
Name: TROTTER, MARY  
Address: 4150 CANOE CREEK RD  
City-St-Zip: ST. CLOUD, FL 34772

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: JASON CLARK

P

06/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date