


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000010696  
1. Entity Name  
JOHNNY ANGELLE, INC.



Principal Place of Business 1101 N. MERRIN ST. PLANT CITY, FL 33566	Mailing Address 1101 N. MERRIN ST. PLANT CITY, FL 33566
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03172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3634588	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MACALUSO, PETER N ESQ.  
712 WEST PLATT ST.  
TAMPA, FL 33606

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COLBORN, JOHN M 1101 N. MERRIN ST. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COLBORN, ANGELLE T 1101 N. MERRIN ST. PLANT CITY, FL 33566
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U00000335478  
04/27/05-80089-007 150.00

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: Angelle Colborn Date: 4-25-05 Daytime Phone #: 813737-1121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR