


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000022099		
1. Entity Name GUARDIAN ANGEL MANAGEMENT OF FLORIDA, INC.		
Principal Place of Business 2425 S.E. 19TH CIRCLE OCALA, FL 34471	Mailing Address 2425 S.E. 19TH CIRCLE OCALA, FL 24471	



03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3705279	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCDANIEL, MICHAEL E
2425 S.E. 19TH CIRCLE
OCALA, FL 34471**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

**000000670614
03/27/07-80118-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MCDANIEL, MICHAEL E
STREET ADDRESS	2425 S.E. 19TH CIRCLE
CITY - ST - ZIP	OCALA, FL 34471
TITLE	PST
NAME	MCDANIEL, CHERYL A
STREET ADDRESS	2425 S.E. 19TH CIRCLE
CITY - ST - ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cheryl A. McDaniel Cheryl A. McDaniel

3-13-07

352-622-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #