

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90008 024 \*\*\*150.00

**DOCUMENT # P01000031541**

1. Entity Name  
ANGELICA'S GARDEN, INC.



Principal Place of Business  
2122 E ATLANTIC BLVD  
POMPAÑO BEACH, FL 33062

Mailing Address  
2122 E ATLANTIC BLVD  
POMPAÑO BEACH, FL 33062



04242005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1091391

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PAPPAS, FRANCES  
2122 E ATLANTIC BLVD  
POMPAÑO BEACH, FL 33062

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	PAPPAS, FRANCES
STREET ADDRESS	2122 E ATLANTIC BLVD
CITY-ST-ZIP	POMPAÑO BEACH, FL 33122
TITLE	VP
NAME	PAPPAS, JENNIFER E
STREET ADDRESS	2122 E ATLANTIC BLVD
CITY-ST-ZIP	POMPAÑO BEACH, FL 33122
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ATTACHMENT**  
**Bernard Kopet, P.A.**  
Accountant

20170 Pines Blvd  
Suite #302  
Pembroke Pines, FL 33029

40086478

Broward: (954) 441-0403  
Fax: (954) 392-1384

MAY 25, 2005

DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

RE: ANGELICA'S GARDEN, INC.  
DOCUMENT #P01000031541

DEAR SIR OR MADAM:

I AM THE ACCOUNTNAT FOR ANGELICA'S GARDEN, INC, DOCUMENT #  
P01000031541. ENCLOSED, PLEASE FIND THE 2005 FOR PROFIT CORPORA-  
TION ANNUAL REPORT AND A CHECK FOR \$150.00.

REQUEST IS MADE TO ABATE THE \$400.00 LATE PENALTY. MY MOTHER-IN-  
LAW BECAME VERY SICK IN APRIL AND PASSED AWAY ON APRIL 27, 2005.  
I WAS UNABLE TO VERIFY WITH ALL MY CLIENTS IF THEY HAD SUBMITTED  
THE 2005 CORPORATE ANNUAL REPORT AND TO MAKE ARRANGEMENTS THAT  
THE FORM BE TIMELY PAID AND FILED.

THERE WAS NEVER ANY INTENTION NOT TO FILE. REQUEST IS AGAIN MADE  
TO ABATE THE LATE FILING FEE. THANKING YOU IN ADVANCE FOR  
YOUR COOPERATION AND UNDERSTANDING.

VERY TRULY YOURS,

*Bernard Kopet*

BERNARD KOPET, P.A.