

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057263

FILED
Apr 29, 2004
Secretary of State

Entity Name: ANGELS ASSISTING SENIORS, INC.

Current Principal Place of Business:

408 W. RENFRO STREET, SUITE 107-F
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

P O BOX 1027
PLANT CITY, FL 33564

New Mailing Address:

FEI Number: 59-3720895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, DAVID M
305 W. GRANT ST. #C-9
PLANT CITY, FL 33566 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GREEN, DAVID M
Address: 305 W GRANT ST. #K-9
City-St-Zip: PLANT CITY, FL 33566

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GREEN, DAVID M
Address: 305 W GRANT ST. #C-9
City-St-Zip: PLANT CITY, FL 33566

Title: VP () Change (X) Addition
Name: DOMEREGO, DIANA L
Address: 2016 ATTAWAY DR
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M GREEN

DP

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date