

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000097105

**FILED**  
**Apr 01, 2005**  
**Secretary of State**

**Entity Name:** ANGELS EXPRESS DELIVERY SERVICE, INC.

**Current Principal Place of Business:**

?222 RANGE ROAD  
UNITJ  
CLEARWATER, FL 33765

**New Principal Place of Business:**

1222 RANGE ROAD  
UNITJ  
CLEARWATER, FL 33765

**Current Mailing Address:**

?222 RANGE ROAD  
UNITJ  
CLEARWATER, FL 33765

**New Mailing Address:**

1222 RANGE ROAD  
UNITJ  
CLEARWATER, FL 33765

**FEI Number:** 59-3748839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OSTROFSKY, DEBRA M  
1222 RANGE ROAD  
UNIT J  
CLEARWATER, FL 33765 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: PTD ( ) Delete  
Name: OSTROFSKY, DEBRA M  
Address: 1222 RANGE RD #J  
City-St-Zip: CLEARWATER, FL 33765

Title: S ( ) Delete  
Name: HONEYCUTT, ROBIN J  
Address: 1222 RANGE RD #J  
City-St-Zip: CLEARWATER, FL 33765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: DEBRA OSTROFSKY

PRES

04/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date