2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90776 022 ***150.00

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DOCUMENT # P01000122197

1. Entity Name
FLORIDA ANGEL, INC.

Principal Place of Business	Mailing Address
812 CASCADE AVE LEESBURG, FL 34748	812 CASCADE AVE LEESBURG, FL 34748

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1363 W. Lakeshore Dr.	1363 W. Lakeshore Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont FL	City & State: Clermont, FL.
Zip: 34711-2939 Country: USA	Zip: 34711-2939 Country: USA

4. FEI Number 01-0553046 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HYAMS, DEBORAH
812 CASCADE AVE
LEESBURG, FL 34748

7. Name and Address of New Registered Agent

Name: Deborah D. Hyams Wade
Street Address (P.O. Box Number is Not Acceptable): 1363 W. Lakeshore Drive
City: Clermont FL Zip Code: 34711-2939

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HYAMS, DEBORAH 812 CASCADE AVE LEESBURG, FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deborah D. Hyams WADE 1363 W. Lakeshore Drive Clermont, FL. ~~2939~~ 34711-2939	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HILL, KATHRYN 812 CASCADE AVE LEESBURG, FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hill, Kathryn 1363 W. Lakeshore Drive Clermont, FL 34711-2939	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Deborah D Hyams Wade 4-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #