

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000038952

1. Entity Name
LITTLE ANGELS NANNY SERVICE, INC.



Principal Place of Business
810 GAZETTA WAY
WEST PALM BEACH, FL 33413

Mailing Address
810 GAZETTA WAY
WEST PALM BEACH, FL 33413



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number
50-0002392

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

MARTIN, TRISHA
810 GAZETTA WAY
WEST PALM BEACH, FL FL

**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 Trisha L Martin, President 4-28-08
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, 2008 Fee will be \$550.00**

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

U00000948306

06/03/08-80007-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTIN, TRISHA L
STREET ADDRESS	810 GAZETTA WAY
CITY - ST - ZIP	WEST PALM BEACH, FL 33413
TITLE	VP
NAME	MARTIN, WILLIAM A JR
STREET ADDRESS	810 GAZETTA WAY
CITY - ST - ZIP	WEST PALM BEACH, FL 33413
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: Trisha L Martin Trisha L Martin 4-28-08 561
Signature and typed or printed name of signing officer or director Date Daytime Phone #