

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90051 001 \*\*\*150.00

DOCUMENT # P02000067242

1. Entity Name

ARCHANGEL ARTIFACTS, INC.



Principal Place of Business

1526 S. WICKHAM ROAD  
UNIT B  
MELBOURNE FL 32904

Mailing Address

1526 S. WICKHAM ROAD  
UNIT B  
MELBOURNE FL 32904

2. Principal Place of Business - No P.O. Box #

456 Vine St.

Suite, Apt. #, etc.

3. Mailing Address

456 Vine St

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)



City & State

West Melbourne, FL

City & State

West Melbourne, FL

4. FEI Number 02-0627160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUBLITZ, REBECCA  
456 VINE ST.  
W. MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Rebecca Bublitz*

Signature typed or printed name of registered agent otherwise not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

28 MAR 07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete  
NAME: DOZA, LONNIE S  
STREET ADDRESS: 456 VINE ST.  
CITY - ST - ZIP: W. MELBOURNE FL 32904

TITLE: D ☐ Delete  
NAME: BUBLITZ, REBECCA  
STREET ADDRESS: 456 VINE ST.  
CITY - ST - ZIP: W. MELBOURNE FL 32904

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE: ☐ Delete  
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TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
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NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rebecca Bublitz*

28 MAR 07

32848886

Date

Daytime Phone #