


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008 8:00 am
Secretary of State

08-13-2008 90002 006 ***558.75

DOCUMENT # P03000018844	
1. Entity Name JUNE M.V. D'ANGELO, P.A.	

Principal Place of Business 7307 MYSTIC WAY PORT ST. LUCIE, FL 34986	Mailing Address 7307 MYSTIC WAY PORT ST. LUCIE, FL 34986
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2. Principal Place of Business - No P.O. Box # 9700 Reserve Blvd	3. Mailing Address 188 NAVY CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port St Lucie FL	City & State MT. JULIET, TN
Zip 34986	Zip 37122
Country USA	Country USA



08062008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent D'ANGELO, JUNE M 7307 MYSTIC WAY PORT ST. LUCIE, FL 34986		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P D'ANGELO, JUNE M 7307 MYSTIC WAY PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *June M.V. D'Angelo P.A.* **8/6/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40113375
P03000018844

June D'Angelo
188 Navy Circle
Mt. Juliet, TN 37122

Dear Madams and or Sirs,

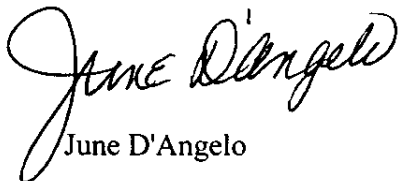
I would like to reinstate my PA corporation and my LLC. They both are enclosed with due payment. Please write or e-mail me should you require additional payment for either.

My husband has been diagnosed with Dementia Alzheimer's Disease and I am the sole caregiver. It was recommended by our physicians we relocated to Nashville, TN area due to proximity to our family.

I was unsure of my ability to continue with my Real Estate commitment, however having a very loyal partner has enabled me to do so. Therefore, I have rented a home in the same area I previously lived and travel there on a regular basis.

Thank you for your assistance. I am looking forward to your reply.

Sincerely,


June D'Angelo

Cell-772-979-0255
e-mail junedang@tds.net