


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State

04-28-2004 90302 025 ***150.00

DOCUMENT # P03000066762	
1. Entity Name ANGELS LANDING PLACE, INC.	

Principal Place of Business 1101 SEMINOLE DR INDIAN HARBOUR BEACH FL 32937	Mailing Address 1101 SEMINOLE DR INDIAN HARBOUR BEACH FL 32937
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2. Principal Place of Business 1101 Seminole Dr.	3. Mailing Address P.O. Box 33026
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —



MOORE CR2E034 (11/03)

City & State Indian Harbour Bch. Indorlantic, FL	4. FEI Number 01-0788996	Applied For <input type="checkbox"/> Not Applicable
Zip FL 32907	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 32903	Country USA	

6. Name and Address of Current Registered Agent NIX, PAUL E 4765 QUAIL RUN PLACE MELBOURNE FL 32904	7. Name and Address of New Registered Agent P.O. Box 33026 (MAILING ADDRESS) Indorlantic, FL SAME AS # 6 City Indorlantic FL Zip Code 32905
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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 *Paul E. Nix* **PAUL E. NIX** DATE **4-21-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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 PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NIX, PAUL E		NAME	
STREET ADDRESS 4765 QUAIL RUN PLACE		STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL 32904		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Paul E. Nix* **PAUL E. NIX** Date **4/21/04** Daytime Phone # **321-536-5231**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR