

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90044 014 \*\*\*150.00



**DOCUMENT # P03000119800**  
 1. Entity Name  
**ASTOR MALL, INC.**

Principal Place of Business      Mailing Address  
**23835 HWY. 40**      **23835 HWY. 40**  
**ASTOR FL 32102**      **ASTOR FL 32102**



2. Principal Place of Business      3. Mailing Address  
**23835 HWY 40**      **2724 S.E. 15th St.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

2nd MOORE      CR2E034 (5/05)

City & State      City & State  
**ASTOR, FL 32102**      **OCALA, FL 34471**

4. FEI Number      Applied For  
**54-2130675**       Not Applicable

Zip      Country      Zip      Country  
**32102**      **LAKE**      **34471**      **MARION**

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

6. Name and Address of Current Registered Agent  
**ANGEL, LILLIAN**  
**23835 HWY. 40**  
**ASTOR FL 32102**

7. Name and Address of New Registered Agent  
 Name      **CARVEN D. ANGEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2724 S.E. 15th St.**  
 City      **OCALA**      State      **FL**      Zip Code      **34471**

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 *Lillian W. Angel*      *Carven D. Angel*      8-2-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 7, 2005**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ANGEL, LILLIAN W 23835 HWY. 40 ASTOR FL 32102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: *Lillian W. Angel*      8-2-05      352-759-2331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

August 2, 2005  
2724 S.E. 15<sup>th</sup> St.  
Ocala, FL 34471

ATTACHMENT  
# 03000119800  
50060287

DIVISION OF CORPORATIONS  
ANNUAL REPORT SECTION  
P. O. BOX 6850  
TALLAHASSEE, FL 32314

RE: Astor Mall, Inc.

Gentlemen:

Enclosed please find the 2005 Annual Report for this corporation together with check for \$150.00.

My mother, Lillian Angel, the sole stockholder, does not know what happened to the first notice, but she never received it.

This report form shows the mailing address as: 23835 Hwy 40; however, the printed address on the reverse side is P. O. Box 345, Astor.

23835 Hwy 40 is the correct street address for the physical location of this corporation's business. However, that is a single building with three different offices (tenants), and the corporation has no office or telephone or agent at that location. If the notice went to that location, it is highly likely that whoever received it, lost or misplaced it, or failed to send it on to Mrs. Angel.

P. O. Box 345 is Mrs. Angel's correct mailing address and she would have received it if it had been sent there.

Hopefully, to avoid this problem next year, please change the registered agent's name and address per enclosed, and I will look after this filing in the future.

We also respectfully request the late fee be waived since we never received any prior notice.

Thank you for your consideration.

Sincerely,



Carven D. Angel,  
Registered Agent