2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 03, 2005 8:00 am Secretary of State **DOCUMENT # P03000157895** 1. Entity Name 02-03-2005 90041 030 ***150.00 ANGELA HAMEL'S LANDSCAPING SERVICE, INC. Principal Place of Business Mailing Address 10550 SW 105TH ST. 10550 SW 105TH ST. OCALA, FL 34481 OCALA, FL 34481 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E034 (10/03) 4. FEI Number 20-0529109 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMEL, ANGELA D Street Address (P.O. Box Number is Not Acceptable) 10550 SW 105TH ST. OCALA, FL 34481 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 Signature, typed or printed name of registered agent and title if applicable INOTE: Remistered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TT! F PVD Delete ΠLE ☐ Change ■ Addition HAMEL, ANGELA D NAME NAME STREET ADDRESS 10550 SW 105TH ST. STREET ADDRESS CITY-ST-ZIP OCALA, FL 34481 CITY-ST-ZIP STD □ Delete TITLE ☐ Change ☐ Addition HAMEL, RICHARD J NAME NAME STREET ADDRESS 10550 SW 105TH ST. STREET ADDRESS CiTY-ST-ZIP OCALA, FL 34481 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Delete -TITLE - Change Addition NAME NAME STREET ADORESS STREET ADDRESS CETY-ST-7P CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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:

FILED