

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 29, 2004 8:00 am
Secretary of State

04-29-2004 90337 036 ***150.00

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04202004 Chg-P CR2E034 (10/03)

DOCUMENT # P04000000752			
1. Entity Name THE TAX ANGELS, INC.			
Principal Place of Business 1309 POMPANO RD. PANAMA CITY, FL 32411		Mailing Address P.O. BOX 27873 PANAMA CITY, FL 32411	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 41-2121885		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAMUELS, CYNTHIA S 1309 POMPANO RD. PANAMA CITY, FL 32411		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: <u><i>Cynthia S. Samuels</i></u> DATE: <u>4.27.04</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMUELS, CYNTHIA S 1309 POMPANO RD. PANAMA CITY, FL 32411 <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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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: <u><i>Cynthia S. Samuels</i></u> DATE: <u>4.27.04</u> <u>850.230.5235</u> <small>Signature and typed or printed name of signing officer or director Date Day/Time Phone #</small>			

Attachment
66429206
P04000000752

The Tax Angels, Inc.
P.O. Box 27873
Panama City, FL
32411

June 23, 2004

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

I have just returned from extended travels and found your correspondence dated May 10, 2004. Please find attached the Annual Report with our Federal ID number listed. Please accept this, and I apologize for missing the deadline which was out of my control.

Thank you in advance for abating any penalty and for your consideration.

Sincerely,



Cynthia Samuels, President