



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90050 035 ***150.00

DOCUMENT # P04000046906 1. Entity Name ANGIE, INC.			
Principal Place of Business 701 SOMERSTONE DR. VALRICO, FL 33594		Mailing Address 701 SOMERSTONE DR. VALRICO, FL 33594	
2. Principal Place of Business 2816 McWetherbee Lane Suite, Apt. #, etc. Plant City, FL City & State 33566 Zip		3. Mailing Address 2816 McWetherbee Lane Suite, Apt. #, etc. Plant City, FL City & State 33566 Zip	
			
		02232006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-0623832		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 REYNOLDS, AMY L 701 SOMERSTONE DR. VALRICO, FL 33594		7. Name and Address of New Registered Agent 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>Amy Reynolds</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>3/10/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PSTD REYNOLDS, AMY L 701 SOMERSTONE DR. VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2816 McWetherbee Ln. Plant City, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD REYNOLDS, TODD M. 701 SOMERSTONE DR. VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2816 McWetherbee Ln. Plant City, FL 33566
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
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: <u><i>Amy Reynolds</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/10/06</u> (813) 659-1904 <small>Daytime Phone #</small>	