


42

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Oct 18, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P04000123191	
1. Entity Name DE ANGELIS ASSOCIATES, INC.	

Principal Place of Business 3541 HARBOR CIRCLE DELRAY BEACH, FL 33483 US	Mailing Address 3541 HARBOR CIRCLE DELRAY BEACH, FL 33483 US
---	---

2. Principal Place of Business	3. Mailing Address
---------------------------------------	---------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
--	--

DE ANGELIS, ROBERT J 3541 HARBOR CIRCLE DELRAY BEACH, FL 33483	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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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 P <input type="checkbox"/> Delete	NAME DE ANGELIS, ROBERT J	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 3541 HARBOR CIRCLE	CITY-ST-ZIP DELRAY BEACH, FL 33483	900060781759 10/19/05--01058--001 **150.00	
TITLE VP <input type="checkbox"/> Delete	NAME DE ANGELIS, KIMBERLY	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 3541 HARBOR CIRCLE	CITY-ST-ZIP DELRAY BEACH, FL 33483	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** _____ **Daytime Phone #** _____

10/24/05

2/2

**DE ANGELIS ASSOCIATES, INC.
3541 HARBOR CIRCLE
DELRAY BEACH FL. 33483**

August 24, 2005

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

**REF: DE ANGELIS ASSOCIATES, INC.
DOCUMENT#: P04000123191**

Dear Sir or Madam:


Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,



Robert J. Deangelis