


FILED
Aug 18, 2006 8:00 am
Secretary of State

07-24-2006 90004 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name ANGUS BULLS INC 205000156512			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 13619 LAS BRISAS WAY Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State JACKSONVILLE, F.		City & State	
Zip 32224	Country	Zip	Country
4. FEI Number 76-0808972		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name ROOKS, ANDREW A.			
Street Address (P.O. Box Number is Not Acceptable) 13619 LAS BRISAS WAY			
City PONTE VEDRA BEACH		FL	Zip Code 32082
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			
January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D ROOKS, ANDREW A. 13619 LAS BRISAS WAY JACKSONVILLE, FL 32224			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		ANDREW A. ROOKS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/17/06	
		904 855-1260 Daytime Phone #	

ATTACHMENT

ATTACHMENT

661023252

13619 Las Brisas Way
Jacksonville, FL 32224
904-374-5600

Angus Bulls, Inc.

August 14, 2006

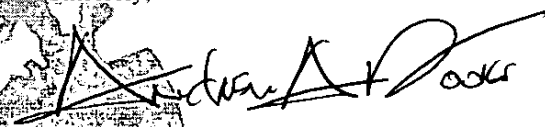
Florida Department of State
Division of Corporations

Reference Number: P05000156512

Dear Sir or Madam:

I have received your letter of July 25, 2006 advising that an additional \$400.00 late fee is due. I did not receive the Post Card from you in January requesting the Uniform Business Report. Please remove this late fee from my balance.

Sincerely,



Andrew A. Rooks
President

