

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000077835

1. Entity Name

WRITE ANGLE COMMUNICATIONS, INC.



Principal Place of Business

1905 CRANBERRY ISLES WAY
APOPKA, FL 32712 US

Mailing Address

1905 CRANBERRY ISLES WAY
APOPKA, FL 32712 US

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4996621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, IVEY R
1905 CRANBERRY ISLES WAY
APOPKA, FL 32712

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME SMITH, IVEY R
STREET ADDRESS 1905 CRANBERRY ISLES WAY
CITY-ST-ZIP APOPKA, FL 32712

TITLE VP
NAME SMITH, JONATHAN G
STREET ADDRESS 1905 CRANBERRY ISLES WAY
CITY-ST-ZIP APOPKA, FL 32712

TITLE S
NAME SMITH, IVEY R
STREET ADDRESS 1905 CRANBERRY ISLES WAY
CITY-ST-ZIP APOPKA, FL 32712

TITLE T
NAME SMITH, IVEY R
STREET ADDRESS 1905 CRANBERRY ISLES WAY
CITY-ST-ZIP APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/22/08-80008-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ivey Rose Smith 7/3/08 321-356-9127