## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P06000125286

1. Entity Name

PROFESSIONAL GUARDIAN ANGELS, INC.



FILED
Mar 03, 2008 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

8180 SANDPIPER WAY

WEST PALM BEACH, FL 33412 US

8180 SANDPIPER WAY

WEST PALM BEACH, FL 33412



02272008

No Chg-P

CR2E034 (11/05)

4. FEI Number 14-1982890 Applied Fo

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

WOODHOUSE, RAMONA 8180 SANDPIPER WAY WEST PALM BEACH, FL 33412

CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

|   | named entity submits this statement for the plans of registered agent        | purpose of changing its registered                    | office or | registered agent, or bo        | oth, in the State of Florida. I am familiar with, and ac |
|---|--|---|-----------|--------------------------------|--|
| SIGNATURE   |  |   |           | e required when roinstaling)   | DATE   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00 |  | Election Campaign Financ     Trust Fund Contribution. | ng 🔲      | \$5.00 May Be<br>Added to Fees |  |
| 10.   | OFFICERS AND DIREC   | CTORS   |           |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | P/D<br>WOODHOUSE, RAMONA<br>8180 SANDPIPER WAY<br>WEST PALM BEACH, FL 33412  |   |           | . 03.                          | U00000845931<br>/18/08-80007-021 150.00                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | VP/T<br>WOODHOUSE, RAMONA<br>8180 SANDPIPER WAY<br>WEST PALM BEACH, FL 33412 |   |           |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | S<br>WOODHOUSE, RAMONA<br>8180 SANDPIPER WAY<br>WEST PALM BEACH, FL 33412    |   |           | DO                             | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   | •         | IN T                           | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   |           |                                |  |
| TITLE NAME  |  |   |           |                                |  |

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 directly 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 changed, or on an attachment with an address, with all other like empowered.