

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041682

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: ARCHANGEL ENGINEERING & CONSTRUCTION INC

**Current Principal Place of Business:**

1680 W HIBISCUS BLVD  
STE B  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1680 W HIBISCUS BLVD  
STE B  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 26-2474416      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOTARDONATO, CELESTE N  
451 TREASURE LAGOON LANE  
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: CHASIN, ROBERT C  
Address: 558 S SONORA CIRCLE  
City-St-Zip: INDIALANTIC, FL 32903

Title: VD ( ) Delete  
Name: SOYKA, MATTHEW A  
Address: 381 FERNANDINA ST NW  
City-St-Zip: PALM BAY, FL 32907

Title: STD ( ) Delete  
Name: NOTARDONATO, CELESTE N  
Address: 451 TREASURE LAGOON LANE  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C CHASIN

CP

04/13/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date