

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000075649

Entity Name: ANGELFORCE, INC

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

112 LANE AVENUE SOUTH  
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

112 LANE AVENUE SOUTH  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

P.O. BOX 77377  
JACKSONVILLE, FL 32226

**New Mailing Address:**

FEI Number: 36-4498070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WILLIAMS, LORRAINE S  
9245 SPOTTSWOOD RD.  
JACKSONVILLE, FL 32208 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLIAMS, LORRAINE S  
Address: 9245 SPOTTSWOOD RD  
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

SIGNATURE: LORRAINE S.WILLIAMS

PRES

03/08/2012

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

\_\_\_\_\_  
Date