2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State
02-09-2005 90062 023 ***150.00

1st MOORE CR2E034 (10/04)

DOCUMENT # P93000041088

1. Entity Name

ANGELINA'S, INC.

Principal Place of Business	Mailing Address
4005 E. HWY. 30-A PANAMA CITY BEACH FL 32459 US	4005 E. HWY. 30-A PANAMA CITY BEACH FL 32459 US

2. Principal Place of Business	3. Mailing Address
4005 E. Hwy. 30-A	4005 E. Hwy. 30-A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Santa Rosa Bch, FL	City & State: Santa Rosa Beach, FL
Zip: 32459 Country: U.S.A.	Zip: 32459 Country: U.S.A.

4. FEI Number 59-3183937 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ETHRIDGE, JAN M
51 LEE PLACE
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	■ Delete	TITLE	☐ Change ☐ Addition
NAME	PALLOTTA, CAROLYN		NAME	
STREET ADDRESS	70 SEABREEZE CT		STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ETHRIDGE, JAN		NAME	
STREET ADDRESS	51 LEE PLACE		STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BCH FL 32459		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jan M. Ethridge Jan M. Ethridge 2/2/2005 8502312523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #