

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90016 042 ***150.00

DOCUMENT # P93000068940 1. Entity Name ANGELL'S TOTAL MANAGEMENT SERVICES, INC.	
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Principal Place of Business 591 RUSSELL ST LONGBOAT KEY, FL 34228 US	Mailing Address 591 RUSSELL ST LONGBOAT KEY, FL 34228 US
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24016209

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02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0439482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULTENFUSS, CAROL
591 RUSSELL ST
LONGBOAT KEY, FL 34228

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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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ANGELL-SUTENFUSS, CAROL A 591 RUSSELL ST LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SULTENFUSS, STEPHEN G 591 RUSSELL ST LONGBOAT KEY, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Steph B. Sulka, V.P. **3-1-04** **941 387-0406**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #