

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 25, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P96000042228**

1. Entity Name  
ANGELA NEEL INTERIORS, INC.



Principal Place of Business

460 N. ORLANDO AVE  
109  
WINTER PARK, FL 32789

Mailing Address

460 N. ORLANDO AVE  
109  
WINTER PARK, FL 32789



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3379054

Applied For

Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

NEEL, BLANCHE  
460 N. ORLANDO AVENUE #109  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000532191  
05/06/06-80075-010 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME NEEL, GLENN C  
STREET ADDRESS 460 N. ORLANDO AVE #109  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VP  
NAME NEEL, ANGELA M  
STREET ADDRESS 460 N. ORLANDO AVE # 109  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE S/T  
NAME NEEL, BLANCHE N  
STREET ADDRESS 460 N. ORLANDO AVE #109  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-06 407-740-8989