


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90070 001 \*\*\*550.00

**DOCUMENT # P96000083809**

1. Entity Name  
**ANGEL-MCLEOD ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**472 JOHN RINGLING BLVD.**      **472 JOHN RINGLING BLVD.**  
**SARASOTA FL 34236**                      **SARASOTA FL 34236**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country



MOORE      CR2E034 (4/04)

4. FEI Number      Applied For  
**65-0700359**                       Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>MCLEOD, KIMBERLY A</b> <b>1681 BONITA LANE</b> <b>SARASOTA FL 34239</b>	Name
<b>3445 Anglin Ave</b> <b>34242</b>	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCLEOD, KIMBERLY A</b>	NAME	
STREET ADDRESS	<b>1681 BONITA LANE</b> <b>3445 Anglin Ave.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b> <b>34242</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LABELLE, NICOLE</b>	NAME	
STREET ADDRESS	<b>472 JOHN RINGLING BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANGELOTTI, CAROL A</b>	NAME	
STREET ADDRESS	<b>472 JOHN RINGLING BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: Carol Angelotti      7/27/04      941 388 3647  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #