


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

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

MCLEOD, KIMBERLY A
 3445 ANGLIN AVE
 SARASOTA, FL 34242

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D MCLEOD, KIMBERLY A 3445 ANGLIN AVE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LABELLE, NICOLE 472 JOHN RINGLING BLVD. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANGELOTTI, CAROL A 472 JOHN RINGLING BLVD. SARASOTA, FL 34236
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 03/28/05-80020-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Carol Angelotti* Date: 3/24/05 Daytime Phone #: 841 5883647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR