


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000083809  
 1. Entity Name  
 ANGEL-MCLEOD ENTERPRISES, INC.



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

**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number: 65-0700359  
 Applied For: 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

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCLEOD, KIMBERLY A
STREET ADDRESS	3445 ANGLIN AVE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	VP
NAME	LABELLE, NICOLE
STREET ADDRESS	472 JOHN RINGLING BLVD.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	S
NAME	ANGELOTTI, CAROL A
STREET ADDRESS	472 JOHN RINGLING BLVD.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000608111  
 01/31/07-80063-020 150.00

**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: Kim McLeod Date: 1-24-07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #