2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000102224

1. Entity Name
ANGEL'S COVE MOTEL, INC.

Principal Place of Business	Mailing Address
HWY 41 SOUTH ROUTE 6 BOX 1533 LAKE CITY, FL 32025	35525 GEORGETOWN DRIVE STERLING HEIGHTS, MI 48312

DO NOT WRITE IN THIS SPACE

04112004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3609352		Not Applicable

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

6. Name and Address of Current Registered Agent

PEYROLO, DOROTHY
HIGHWAY 41 SOUTH
LAKE CITY, FL 32025

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 _Dorothy Peyrolo_

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

DATE _4-21-04_

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	PST
NAME	PEYROLO, DOROTHY
STREET ADDRESS	35525 GEORGETOWN DRIVE
CITY-ST-ZIP	STERLING HEIGHTS, MI 48312

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Dorothy Peyrolo_   _4-21-04_   _586-268-8304_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #