

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90118 050 ***150.00

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DOCUMENT # P99000102224
 1. Entity Name
ANGEL'S COVE MOTEL, INC.



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

2. Principal Place of Business 3. Mailing Address
5309 S. US HWY 441 35525 GEORGETOWN
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LAKE CITY, FLORIDA STERLING HGT'S, MI
 Zip Country Zip Country
32025 USA 48312 USA

03082006 Chg-P CR2E034 (11/05)

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
5309 S US HWY 441

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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: *Dorothy Peyrolo* DATE: 3-13-06
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, 2006 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PST PEYROLO, DOROTHY 35525 GEORGETOWN DRIVE STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Dorothy Peyrolo* Date: 3-13-06 Daytime Phone #: 589-977-9971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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