


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90028 002 ***150.00

DOCUMENT # V20802

1. Entity Name
ANGUS ENTERPRISES INC.




Principal Place of Business
**11151 S.W. FOXBROWN ROAD
 INDIANTOWN, FL 34956**

Mailing Address
**ANGUS ENT INC.
 PO BOX 12141
 FORT PIERCE, FL 34979**

DO NOT WRITE IN THIS SPACE

40095449



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0321305

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

**BROWN, RICHARD S
 11151 S.W. FOXBROWN ROAD
 INDIANTOWN, FL 34956**

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 _____ DATE _____

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

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 NAME STREET ADDRESS CITY - ST - ZIP	PT BROWN, RICHARD S 11151 SW FOXBROWN RD. INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS BROWN, TOMI 11151 SW FOXBROWN RD. INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JAMES, LEASIE A 11151 SW FOX BROWN RD. INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 807, 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's aka empowered.

SIGNATURE:  **President** Date: **4-6-07** Daytona Phone #: **726-263-1836**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR