

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90014 011 ***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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06232008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0321305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **BROWN, RICHARD S**
STREET ADDRESS **11151 SW FOXBROWN RD.**
CITY-ST-ZIP **INDIANTOWN, FL 34956**

TITLE **VPS** ☐ Delete
NAME **BROWN, TONI**
STREET ADDRESS **11151 SW FOXBROWN RD.**
CITY-ST-ZIP **INDIANTOWN, FL 34956**

TITLE **S** ☐ Delete
NAME **JAMES, LEASLIE A**
STREET ADDRESS **11151 SW FOX BROWN RD.**
CITY-ST-ZIP **INDIANTOWN, FL 34956**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Richard S Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard S Brown

Date

7-7-08 772-263-1936
Daytime Phone #