

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V62304

1. Entity Name

ANGELO & SONS INC.



**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business

3247-3251 PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34953

Mailing Address

3247-3251 PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34953

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0363640

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORONA, ANGELO  
3247-3251 PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34953

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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 P ☐ Delete  
NAME CORONA, ANGELO  
STREET ADDRESS PO BOX 9245 N/A  
CITY-ST-ZIP PORT ST LUCIE FL

TITLE T ☐ Delete  
NAME CORONA, ADALGISA  
STREET ADDRESS PO BOX 9245 N/A  
CITY-ST-ZIP PORT ST LUCIE FL

TITLE S ☐ Delete  
NAME CORONA, ALEXANDER  
STREET ADDRESS P.O. BOX 9245 N/A  
CITY-ST-ZIP PORT ST LUCIE FL 34985

TITLE V ☐ Delete  
NAME CORONA, ALEXIS  
STREET ADDRESS 2371 SW NAOMI AVE  
CITY-ST-ZIP PORT SAINT LUCIE FL 34953

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000015731  
CITY-ST-ZIP 01/28/04-80027-005 150.00

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

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

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

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

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

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:

*Alexander Corona* Alexander Corona  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04 (772) 336-3365  
Date Daytime Phone #