

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90111 019 \*\*\*150.00



**DOCUMENT # H47898**

1. Entity Name  
 HEAVEN SCENT FLOWERS, INC.

Principal Place of Business      Mailing Address  
 27515 OLD 41 RD.                      27515 OLD 41 RD  
 P. O. BOX 1837                          P O BOX 1837  
 BONITA SPRINGS, FL 34133-1837 US      BONITA SPRINGS, FL 34133-1837 US

**DO NOT WRITE IN THIS SPACE**



01062006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 59-2507933      Not Applicable

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

**6. Name and Address of Current Registered Agent**

SIMS, J. REX  
 9797 ALHAMBRA LANE  
 BONITA SPRINGS, FL 34135-2387

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**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**

TITLE	PD
NAME	SIMS, J. REX
STREET ADDRESS	9797 ALHAMBRA LANE
CITY - ST - ZIP	BONITA SPRINGS, FL 341352387
TITLE	STD
NAME	SIMS, PEGGY
STREET ADDRESS	9797 ALHAMBRA LANE
CITY - ST - ZIP	BONITA SPRINGS, FL 341352387
TITLE	VD
NAME	SAYGER, SUZANNE
STREET ADDRESS	28125 MANGO DR.
CITY - ST - ZIP	BONITA SPRINGS, FL <del>34133</del> 34134
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 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: Peggy J. Sims (PEGGY J. SIMS)      2/10/06      (239) 992-5683  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #