

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H47898

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: HEAVEN SCENT FLOWERS, INC.

**Current Principal Place of Business:**

27515 OLD 41 RD.  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1837  
BONITA SPRINGS, FL 341331837 US

**New Mailing Address:**

FEI Number: 59-2507933      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMS, J. REX  
9797 ALHAMBRA LANE  
BONITA SPRINGS, FL 341352387 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SIMS, J. REX  
Address: 9797 ALHAMBRA LANE  
City-St-Zip: BONITA SPRINGS, FL 341352387

Title: STD ( ) Delete  
Name: SIMS, PEGGY  
Address: 9797 ALHAMBRA LANE  
City-St-Zip: BONITA SPRINGS, FL 341352387

Title: VD ( ) Delete  
Name: SAYGER, SUZANNE  
Address: 28125 MANGO DR.  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE SAYGER

VD

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date