

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004866

FILED
Mar 27, 2009
Secretary of State

Entity Name: HEAVEANS WAY FOREVER INCORPORATED

Current Principal Place of Business:

4425 US HWY 1 SOUTH STE 209
ST AUGUSTINE, FL 32086

New Principal Place of Business:

5 SAN MARCO CT
PALM COAST, FL 32137

Current Mailing Address:

4425 US HWY 1 SOUTH STE 209
ST AUGUSTINE, FL 32086

New Mailing Address:

5 SAN MARCO CT
PALM COAST, FL 32137

FEI Number: 26-2599016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

DROPPS, ANA
5 SAN MARCO CT
PALM COAST, FL 32137 US

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: ANA DROPPS

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: DROPPS, ANA
Address: 4425 US HWY 1 SOUTH STE 209
City-St-Zip: ST AUGUSTINE, FL 32086

Title: DV () Delete
Name: BOUNDS, SARA
Address: 818 SW 186 STREET
City-St-Zip: NEWBERRY, FL 32086

Title: DS (X) Delete
Name: SATZDS, RACHEL J
Address: 56 SAND PIPER DR
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DROPPS, ANA
Address: 5 SAN MARCO CT
City-St-Zip: PALM COAST, FL 32137

Title: DV (X) Change () Addition
Name: DROPPS, AL
Address: 5 SAN MARCO CT
City-St-Zip: PALM COAST, FL 32137

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA DROPPS

DP

03/27/2009

Electronic Signature of Signing Officer or Director

Date