


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90060 007 \*\*\*\*61.25

<b>DOCUMENT # N94000003527</b> 1. Entity Name <b>BIT O' HEAVEN PARK, INC.</b>					
Principal Place of Business <b>73 E. BRADLEY ST. #12 DESTIN, FL 32550 US</b>			Mailing Address <b>73 E. BRADLEY ST. #12 DESTIN, FL 32550 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>MIRAMAR Beach</b>			City & State <b>MIRAMAR Beach</b>		
Zip 		Country		4. FEI Number <b>59-3260087</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>GREEN, WILLIAM H 22 EAST BALDWIN AVE. DEFUNIAK SPRINGS, FL 32433</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NICHOLSON, KEN</b> <b>183 SOUTHERN SHORES DRIVE</b> <b>JACKSON, GA 30233</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Barbara Ives</b> <b>507 East Lake Drive</b> <b>Quitman, GA 31643</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'NEAL, DANNY</b> <b>80 WEST BRADLEY STREET, LOT #9</b> <b>DESTIN, FL 32550</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Pat O'Neal</b> <b>1709-A GORNTD RD. #301</b> <b>Valdosta, GA 31601</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MAURER, EARL</b> <b>RT. 1, M-33 NORTH</b> <b>COMINS, MI 48619</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Address Change only</b> <b>1051- M33 N</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>O'NEAL, DANNY</b> <b>80 WEST BRADLEY STREET, LOT #9</b> <b>DESTIN, FL 32550</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Kim Ives</b> <b>507 East Lake Drive</b> <b>Quitman, GA 31643</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MORSE SR., JAMES R</b> <b>P.O. BOX 429</b> <b>ANDOVER, NJ 07821</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Address Change Only</b> <b>P.O. Box 1406</b> <b>Montague, NJ 07827</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DEBRUYN, REVA</b> <b>73 EAST BRADLEY STREET, LOT #6</b> <b>DESTIN, FL 32550</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Address Change Only</b> <b>MIRAMAR Beach</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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.					
<b>SIGNATURE: James R. Morse Sr. James R. Morse Sr. 2/22/07 850-650-3992</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					