

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N95000000450**

1. Entity Name  
**SEVENTH HEAVEN INC.**



Principal Place of Business

14760 NW 185TH STREET  
WILLISTON, FL 32696

Mailing Address

14760 NW 185TH STREET  
WILLISTON, FL 32696



04242006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3297137**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEMAINTENON, VICTORIA S  
14760 NW 185TH STREET  
WILLISTON, FL 32696

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
DEMAINTENON, VICTORIA S  
14760 NW 185TH STREET  
WILLISTON, FL 32696

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DE MAINTENON, TERRENCE J  
651 N GOLDENROD RD., #N4  
ORLANDO, FL 32807

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
FORD, HAZEL E  
5266 ANDREA BLVD  
ORLANDO, FL 328071307

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000539906  
05/09/06-80118-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** *Hazel E. Ford* **HAZEL E. FORD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/24/06* *407-658-8191*