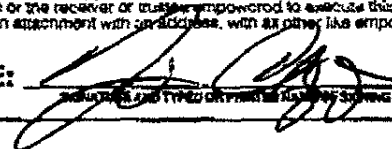


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000048034			
1. Entity Name HEAVENLY WRECKERS, INC.			
Principal Place of Business 3840 E. S.R. 46 SANFORD, FL 32771		Mailing Address 3840 E. S.R. 46 SANFORD, FL 32771	
DO NOT WRITE IN THIS SPACE		04292005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3846952	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALFONSO, JORGE 3840 E. S.R. 46 SANFORD, FL 32771		DO NOT WRITE IN THIS SPACE	
7. 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 _____ DATE _____ Signature typed in printed name of registered agent and not a representative. (NOTE: Registered Agent signature required when relocating)			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALFONSO, JORGE 600 LOYALTY DR. DELTONA, FL 32738		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALFONSO, JOSE R 208 HEDGEWOOD AVE. DELTONA, FL 32738		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALFONSO, PATRICIA A 600 LOYALTY DR. DELTONA, FL 32738		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALFONSO, MONICA C 208 HEDGEWOOD AVE DELTONA, FL 32738		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), 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: 		4-29-05	