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	Mailing Address
3840 E. S.R. 46 SANFORD, FL 32771	3840 E. S.R. 46 SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

04292005 vo Chg-P CR2E034 (10/03)

4. FEI Number
59-3846952
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFONSO, JORGE
3840 E. S.R. 46
SANFORD, FL 32771

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALFONSO, JORGE
STREET ADDRESS	600 LOYALTY DR.
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	VD
NAME	ALFONSO, JOSE R
STREET ADDRESS	208 HEDGEWOOD AVE.
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	TD
NAME	ALFONSO, PATRICIA A
STREET ADDRESS	600 LOYALTY DR.
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	SD
NAME	ALFONSO, MONICA C
STREET ADDRESS	208 HEDGEWOOD AVE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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
INDIVIDUAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #