



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P01000105877 1. Entity Name BLUE HEAVEN PRODUCTIONS, INC. | | | |  | | <p>FILED</p> <p>04 MAY 18 PM 11:04</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> | |
| Principal Place of Business 1290 5TH ST. MIAMI BEACH, FL 33139 | | | | Mailing Address 1290 5TH ST. MIAMI BEACH, FL 33139 | | | |
| 2. Principal Place of Business 390 Alton Rd. Suite, Apt. #, etc. Suite 3 | | 3. Mailing Address 390 Alton Rd., Suite, Apt. #, etc. Suite 3 | |  | | | |
| City & State Miami Beach, FL | | City & State Miami Beach, FL | | 4. FEI Number 65-1153191 | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33139 | | Country USA | | Zip 33139 | | Country USA | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent EVERHARD, SUSAN W 1281 SOUTH VENETIAN WAY MIAMI, FL 33139 | | | |
| 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, RUSSELL F <input checked="" type="checkbox"/> Delete 2519 BOWEN ST. OSHKOSH, WI 549012021 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/25/04--01051--001 **750.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, JEANNETTE E <input type="checkbox"/> Delete 2519 BOWEN ST. OSHKOSH, WI 549012021 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EVERHARD, SUSAN W <input type="checkbox"/> Delete 1281 SOUTH VENETIAN WAY MIAMI, FL 33139 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAWRYK, ALEX <input type="checkbox"/> Delete 1290 FIFTH STREET MIAMI BEACH, FL 33139 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Lawryk, Alex <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 390 Alton Rd. Miami Beach, FL 33139 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAWRYK, MARILYN <input type="checkbox"/> Delete 1290 FIFTH STREET MIAMI BEACH, FL 33139 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Lawryk, M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 390 Alton Rd. Miami Beach, FL 33139 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u><i>Susan W. Everhard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 4/14/04 (352) 532-8600 <small>Date Daytime Phone #</small> | | | |