


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000056791</b> 1. Entity Name <b>HEAVENLY HANDS HOLISTIC MEDICAL CENTER, INC.</b>	
---	---

Principal Place of Business <b>5443 FOXWOOD DR SARASOTA, FL 34232</b>	Mailing Address <b>5443 FOXWOOD DR SARASOTA, FL 34232</b>
--	--



04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0602957</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>SCHNAITTER, VIRGINIA F 5443 FOXWOOD DR SARASOTA, FL 34232</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHNAITTER, VIRGINIA F 5443 FOXWOOD DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000361228  
05/05/05-80067-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Virginia F Schmitter Virginia Schmitter 4-29-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #