

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90026 019 ***158.75

DOCUMENT # P02000061749					
1. Entity Name PAMPERED HEARTS, INC.					
Principal Place of Business 13607 SOUTH RIDGE INDUSTRIAL DRIVE TAVARES, FL 32778			Mailing Address 13607 SOUTH RIDGE INDUSTRIAL DRIVE TAVARES, FL 32778		
2. Principal Place of Business - No P.O. Box # 2412 CENTRAL AVENUE		3. Mailing Address P.O. Box 55			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State COLEMAN, FL		City & State COLEMAN, FL		4. FEI Number 02-0610994	
Zip 33521		Country SUMTER		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, SHIRLEY A 13607 SOUTH RIDGE INDUSTRIAL DRIVE TAVARES, FL 32778			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2412 CENTRAL AVENUE City COLEMAN FL Zip Code 33521		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 PD	NAME WILSON, SHIRLEY A		TITLE NAME	NAME P.O. Box 55	
STREET ADDRESS 13607 SOUTH RIDGE INDUSTRIAL DRIVE	STREET ADDRESS TAVARES, FL 32778		STREET ADDRESS COLEMAN, FL	STREET ADDRESS 33521	
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
TITLE VD	NAME WILSON, WILLIAM L		TITLE NAME	NAME P.O. Box 55	
STREET ADDRESS 13607 SOUTH RIDGE INDUSTRIAL DRIVE	STREET ADDRESS TAVARES, FL 32778		STREET ADDRESS COLEMAN, FL	STREET ADDRESS 33521	
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		TITLE NAME	STREET ADDRESS CITY - ST - ZIP	
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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	
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 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>Shirley A. Wilson</u> SHIRLEY A. WILSON 2/5/08 352 399-2076					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					