

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000114831

1. Entity Name
THE TRUE HEAVENLY SINGERS, INC.



Principal Place of Business
1021 PEMBROKE AVE NE
PALM BAY, FL 32907

Mailing Address
1021 PEMBROKE AVE NE
PALM BAY, FL 32907



04292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0571870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOLT, WILLIAM C
1021 PEMBROKE AVE NE
PALM BAY, FL 32907

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCOTT, RUSSELL R
STREET ADDRESS	1021 PEMBROKE AVE NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	VP
NAME	SCOTT, EDWARD
STREET ADDRESS	17804 N.W. 56 AVE
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	S
NAME	SCOTT, JEFFREY A
STREET ADDRESS	1102 SANTA-FE PARKWAY
CITY-ST-ZIP	ATLANTA, GA 30350
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000559244
05/17/06-80129-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-06