


FILED
May 04, 2004 8:00 am
Secretary of State

4/1

04-16-2004 90088 005 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

66418787

DOCUMENT # P03000051800			
1. Entity Name PEACE OF HEAVEN STABLES, INC.			
Principal Place of Business 4549 HUNTING DR LAKE WORTH, FL 33467		Mailing Address 4549 HUNTING DR LAKE WORTH, FL 33467	
2. Principal Place of Business 3221 D ROAD Suite, Apt. #, etc.		3. Mailing Address 3221 D ROAD Suite, Apt. #, etc.	
City & State LOXAHATCHEE, FL		City & State LOXAHATCHEE, FL	
Zip 33470		Zip 33470	
Country PALM BEACH		Country PALM BEACH	
4. FEI Number 13-4278216		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAWRENCE, L. LYNN 12860 55 RD N ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name KATHY DEVINE Street Address (P.O. Box Number is Not Acceptable) 3221 D ROAD City LOXAHATCHEE FL Zip Code 33470	
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: <i>Kathy Devine</i> President DATE: 4-13-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. 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 DEVINE, KATHY 4549 HUNTING DR LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3221 D ROAD LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVINE, TIFFANY 4549 HUNTING DR LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3221 D ROAD LOXAHATCHEE, FL 33470
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
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
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: <i>Kathy Devine</i> President		Date: 4-13-04 Daytime Phone #: (561) 792-1351	



04132004 Chg-P CR2E034 (10/03)