## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000070505

FILED May 26, 2004 Secretary of State

Entity Name: HEAVENLY CREATIONS FOOD SERVICES, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	IMOCK MOSS DR D, FL 328202231	
Current M	lailing Address:	New Mailing Address:
	IMOCK MOSS DR D, FL 328202231	
FEI Number	: FEI Number Applied For (	) FEI Number Not Applicable (X) Certificate of Status Desired (X)
Name and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
	LENN H IMOCK MOSS DR D, FL 328202231	
The above	e named entity submits this statement for	the purpose of changing its registered office or registered agent, or both,
	e of Florida.	
n the State		od Agent Date
n the State SIGNATUI n accordan	RE: Electronic Signature of Registere	did not receive the prior notice.
n the State SIGNATUE  n accordan Election Cae	RE:Electronic Signature of Registere	did not receive the prior notice.
n the State SIGNATUE  n accordan Election Cae	RE:  Electronic Signature of Registere ace with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution (	did not receive the prior notice. ).
n the State SIGNATUI  n accordan Election Car OFFICER  Vitle: Vame: Address:	RE:  Electronic Signature of Registere ace with s. 607.193(2)(b), F.S., the corporation impaign Financing Trust Fund Contribution ( )  S AND DIRECTORS:  P ( ) Delete  LEWIS, GLENN H  1862 HAMMOCK MOSS DR	did not receive the prior notice. ).  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: ( ) Change ( ) Addition  Name: Address:
n the State BIGNATUI  n accordan Election Can  OFFICER  Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Registere Electronic Signature of Registere Rece with s. 607.193(2)(b), F.S., the corporation Empaign Financing Trust Fund Contribution (1) S AND DIRECTORS:  P (1) Delete LEWIS, GLENN H 1862 HAMMOCK MOSS DR ORLANDO, FL 328202231  V (1) Delete MISKELL, JANE 708 COACH LIGHT DR	did not receive the prior notice.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN H LEWIS P 05/26/2004