

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90305 027 ***150.00

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i. Entity Name

HEAVEN'S LITTLE ANGELS INC.



Principal Place of Business

786 BUNKER HILL BLVD.
JACKSONVILLE FL 32208

Mailing Address

786 BUNKER HILL BLVD.
JACKSONVILLE FL 32208

44006664



MOORE

CR2E034 (11/03)

2. Principal Place of Business

5639 Ansley St

Suite, Apt. #, etc.

City & State

Jacksonville Fla

Zip

32211

Country

Duval

3. Mailing Address

5639 Ansley St

Suite, Apt. #, etc.

City & State

Jacksonville Fla

Zip

32211

Country

Duval

4. FEI Number

59-3544765

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRISBANE, TERRANCE SR.
11651 V.C. JOHNSON ROAD
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME JONES, EFFIE
STREET ADDRESS 786 BUNKER HILL BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE VP ☒ Delete

NAME JONES, EFFIE
STREET ADDRESS 786 BUNKER HILL BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☐ Delete

NAME FREEMAN, BRIDGETTE
STREET ADDRESS 786 BUNKER HILL BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☐ Delete

NAME JAMES, TRACY
STREET ADDRESS 786 BUNKER HILL BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME Jones, Effie
STREET ADDRESS 5639 Ansley St
CITY-ST-ZIP Jacksonville Fla 32211

TITLE ☒ Change ☒ Addition

NAME Countryman Laquanta
STREET ADDRESS 5639 Ansley St
CITY-ST-ZIP Jacksonville FL 32211

TITLE ☒ Change ☐ Addition

NAME Freeman, Bridgette
STREET ADDRESS 5639 Ansley St
CITY-ST-ZIP Jacksonville FL 32211

TITLE ☒ Change ☐ Addition

NAME Tracy James
STREET ADDRESS 5639 Ansley St
CITY-ST-ZIP Jacksonville Fla 32211

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Effie Jones Effie Jones

Feb 18, 2004

Date

904-762-083

Daytime Phone #