

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90344 046 ***150.00

DOCUMENT # P04000032990 1. Entity Name ALMOST HEAVEN OF MANASOTA KEY, INC.					
Principal Place of Business 4 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082			Mailing Address 4 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 86-1098131	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HIRSCH, ROBERT D 4 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HIRSCH, ROBERT D	NAME			
STREET ADDRESS	4 SAWGRASS VILLAGE DR	STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	P/D LOUIS MAGGIO		
STREET ADDRESS		STREET ADDRESS	35 KALISH AVE		
CITY-ST-ZIP		CITY-ST-ZIP	ENFIELD, CT 06082		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	V/D GREGORY QUINLAN		
STREET ADDRESS		STREET ADDRESS	4 DRUMMOND RD,		
CITY-ST-ZIP		CITY-ST-ZIP	ENFIELD, CT 06082		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	S/D SALVATORE R. MAGGIO		
STREET ADDRESS		STREET ADDRESS	30 UNION ST		
CITY-ST-ZIP		CITY-ST-ZIP	ENFIELD, CT 06082		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	T/D PAUL J. BELLOMO		
STREET ADDRESS		STREET ADDRESS	157 BRAINARD RD		
CITY-ST-ZIP		CITY-ST-ZIP	ENFIELD, CT 06082		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Paul J. Bellomo</i>		PAUL J BELLOMO 4/8/05 (413-531-4330)			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

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