


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

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 C/O ROBERT D. HIRSCH 150-A PONTE VEDRA BEACH, FL 32082
---	---



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1098131	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 HIRSCH, ROBERT D 4 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000753336 05/22/07-80016-022 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HIRSCH, ROBERT D 4 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAGGIO, LOUIS 35 KALISH AVE ENFIELD, CT 06082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD QUINLAN, GREGORY 6 DRUMMOND RD ENFIELD, CT 06082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MAGGIO, SALVATOR R 30 UNION ST ENFIELD, CT 06082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BELLOMO, PAUL J 157 BRAINARD RD ENFIELD, CT 06082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 life empowered.

SIGNATURE: Paul J. Bellomo **TRES 4/26/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #