
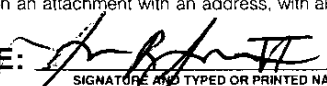


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90424 007 ***150.00

DOCUMENT # P04000042554 1. Entity Name HEAVENLY AUTOS INC.																																																																																																																																																								
Principal Place of Business 3 TENNESSEE LN AUBUMDALE FL 33823			Mailing Address 3 TENNESSEE LN AUBUMDALE FL 33823																																																																																																																																																					
2. Principal Place of Business 3 Tennessee Ln Suite, Apt. #, etc.		3. Mailing Address 3 Tennessee Ln Suite, Apt. #, etc.																																																																																																																																																						
City & State Auburndale, FL Zip 33823 Country USA		City & State AUBURNDALE, FL Zip 33823 Country USA		4. FEI Number 20-0865472 Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____																																																																																																																																																				
6. Name and Address of Current Registered Agent PREAST, DARLEANA D 1201 W PIERCE ST LAKE ALFRED FL 33850																																																																																																																																																								
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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JARVIS, JAMES R II</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1225 W PIERCE ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LAKE ALFRED FL 33850</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	JARVIS, JAMES R II		STREET ADDRESS	1225 W PIERCE ST		CITY - ST - ZIP	LAKE ALFRED FL 33850					TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				NAME						STREET ADDRESS						CITY - ST - ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				NAME						STREET ADDRESS						CITY - ST - ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				NAME						STREET ADDRESS						CITY - ST - ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				NAME						STREET ADDRESS						CITY - ST - ZIP					
TITLE	P	<input type="checkbox"/> Delete																																																																																																																																																						
NAME	JARVIS, JAMES R II																																																																																																																																																							
STREET ADDRESS	1225 W PIERCE ST																																																																																																																																																							
CITY - ST - ZIP	LAKE ALFRED FL 33850																																																																																																																																																							
TITLE		<input type="checkbox"/> Delete																																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																																						
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME																																																																																																																																																								
STREET ADDRESS																																																																																																																																																								
CITY - ST - ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME																																																																																																																																																								
STREET ADDRESS																																																																																																																																																								
CITY - ST - ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME																																																																																																																																																								
STREET ADDRESS																																																																																																																																																								
CITY - ST - ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME																																																																																																																																																								
STREET ADDRESS																																																																																																																																																								
CITY - ST - ZIP																																																																																																																																																								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.																																																																																																																																																								
SIGNATURE:  James R. Jarvis II 4/6/06 (813) 915-9300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																								