

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000095340**

1. Entity Name  
**HEAVENLY HANDS CLEANING SERVICE, INC.**



Principal Place of Business  
**7666 MARTHAS WAY  
NAVARRE, FL 32566 US**

Mailing Address  
**7666 MARTHAS WAY.  
NAVARRE, FL 32566 US**

**DO NOT WRITE IN THIS SPACE**



07282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1355575**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WHITTLESAY, DIANE R  
7666 MARTHAS WAY  
NAVARRE, FL 32566**

**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 DIANE R WHITTLESAY  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

8-8-06  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P/D
NAME	WHITTLESAY, DIANE R
STREET ADDRESS	7666 MARTHAS WAY
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000574779  
08/21/06-80002-015 150.00

**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 like empowered.

**SIGNATURE:**

DIANE R WHITTLESAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #