

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # P04000132375 1. Entity Name HEAVENLY LAWCARE SERVICES INC	
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Principal Place of Business 208 MADISON AVE IMMOKALEE, FL 34142	Mailing Address P.O. BOX 2021 IMMOKALEE, FL 34143
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DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1649265	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 SAEZ, JOEL 208 MADISON AVE IMMOKALEE, FL 34142

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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>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIATT, RAMONA 6 EAST GREENS BLVD LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAEZ, JOEL PO BOX 2021 IMMOKALEE, FL 34143
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<p>U00000563868 05/20/06-80029-022 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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.	JOEL SAEZ 4/26/06 239-289-4610
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____