

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90079 041 ***150.00

DOCUMENT # P05000055485

1. Entity Name
DIVINE BLESSINGS INCORPORATED



Principal Place of Business
**904 JEFFERY STREET
DAYTONA BEACH, FL 32117**

Mailing Address
**904 JEFFERY STREET
DAYTONA BEACH, FL 32117**

40105234



2. Principal Place of Business
904 Jeffery St
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 9866
Suite, Apt. #, etc.

02212006 Chg-P CR2E034 (11/05)

City & State
Daytona Bch
Zip
32117 Country
US

City & State
Daytona Bch, FL
Zip
32120 Country
US

4. FEI Number
06-1745625 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOLEILAT, LAUREN Y
404 NORTH HALIFAX AVE.
DAYTONA BEACH, FL**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
CUFFEE, GWENDOLYN
904 JEFFERY STREET
DAYTONA BEACH, FL 32117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
____ ☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
____ ☐ Change ☐ Addition

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:

Gwendolyn Cuffee

5-1-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DeVine Phone #