

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000079412

1. Entity Name
A SLICE OF HEAVEN, INC.



Principal Place of Business

4944 FRUITVILLE RD
SARASOTA, FL 34232

Mailing Address

4944 FRUITVILLE RD
SARASOTA, FL 34232



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0782493

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CLIPPARD, SHIRLEY
31404 SINGLETARY RD
MYAKKA CITY, FL 34251

**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

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, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
CLIPPARD, SHIRLEY
STREET ADDRESS
4744 FRUITVILLE RD
CITY-ST-ZIP
SARASOTA, FL 34232

U00000266541
03/17/05-80033-021 150.00

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Shirley A. Clippard SHIRLEY A. CLIPPARD

3/15/05 941-341-0038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #