

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086906

FILED  
Feb 03, 2005  
Secretary of State

Entity Name: HEAVENLY HEALTH ENTERPRISES, INC.

## Current Principal Place of Business:

3356 CASSELL LANE  
STUART, FL 34997

## New Principal Place of Business:

1166 CASEY KEY RD  
NOKOMIS, FL 34275

## Current Mailing Address:

3356 CASSELL LANE  
STUART, FL 34997

## New Mailing Address:

PO BOX 15938  
SARASOTA, FL 34277

FEI Number: 65-0793387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BEDFORD, ROBERT N  
25 SECOND STREET N  
ST. PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

DWIGHT, HAVENER D  
1166 CASEY KEY RD  
NOKOMIS, FL 34275 US

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.

SIGNATURE: DWIGHT DALE HAVENER

02/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HAVENER, DWIGHT  
Address: 3356 S.E. CASSELL LANE  
City-St-Zip: STUART, FL 34997

Title: S ( ) Delete  
Name: HAVENER, SUSAN  
Address: 3356 S.E. CASSELL LANE  
City-St-Zip: STUART, FL 34997

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: HAVENER, DWIGHT D  
Address: 1166 CASEY KEY RD  
City-St-Zip: NOKOMIS, FL 34275

Title: P (X) Change ( ) Addition  
Name: HAVENER, SUSAN M  
Address: 1166 CASEY KEY RD  
City-St-Zip: NOKOMIS, FL 34275

Title: TREA ( ) Change (X) Addition  
Name: BOURGELAS, MARK R  
Address: 2639 RINGLING BLVD.  
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWIGHT D HAVENER

CEO

02/03/2005

Electronic Signature of Signing Officer or Director

Date