


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90427 016 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # V21531			
1. Entity Name HEAVENLY CORPORATION OF SOUTHWEST FLORIDA			
Principal Place of Business 918-A S.E. 9TH LN. #A CAPE CORAL, FL 33990		Mailing Address 918-A S.E. 9TH LN. #A CAPE CORAL, FL 33990	
2. Principal Place of Business <i>1401 VIScaya Pkwy</i>		3. Mailing Address <i>1401 VIScaya Pkwy</i>	
Suite, Apt. #, etc. <i>#4</i>		Suite, Apt. #, etc. <i>#4</i>	
City & State <i>CAPE CORAL FL</i>		City & State <i>CAPE CORAL FL</i>	
Zip <i>33990</i>	Country	Zip <i>33990</i>	Country
4. FEI Number 65-0315624		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		7. Name and Address of New Registered Agent	
SABO MICHAEL S 921 SE 4 ST CAPE CORAL, FL 33990		Name Street Address (P.O. Box Number is Not Acceptable) <i>1401 VIScaya Pkwy #4</i> City <i>CAPE CORAL</i> FL Zip Code <i>33990</i>	
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) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SABO, MICHAEL S 921 SE 4 ST CAPE CORAL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>18468 CUTLASS DR FT MYERS BEACH FL 33931</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SABO, MARTHA J 921 SE 4 ST CAPE CORAL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>18468 CUTLASS DR FT MYERS BEACH, FL 33931</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SABO, MARTHA J. 921 SE 4 ST CAPE CORAL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>18468 CUTLASS DR FT MYERS BEACH, FL 33931</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Michael Sabo</i>		Date: <i>4/20/04</i>	
<small>SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	