

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004391

Entity Name: HEAVENLY HOOFS, INC.**Current Principal Place of Business:**4651 RUMMELL ROAD
ST CLOUD, FL 34771-9668**Current Mailing Address:**4651 RUMMELL ROAD
ST CLOUD, FL 34771-9668 US**FEI Number:** 13-4205662**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANCHEZ, THOMASA
1631 EAST VINE STREET, SUITE 300
KISSIMMEE, FL 34744 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SANCHEZ, THOMASA
Address 2800 VICKIE COURT
City-State-Zip: KISSIMMEE FL 34744

Title D
Name TOMPKINS, THOMAS
Address 1731 BOGGY CREEK ROAD
City-State-Zip: KISSIMMEE FL 34744

Title TREASURER
Name DIXON, KENNETH G
Address 1627 EAST VINE STREET, E
City-State-Zip: KISSIMMEE FL 34744

Title D
Name WALTER, LARRY W
Address 400 WEST EMMET ST
City-State-Zip: KISSIMMEE FL 34741

Title D
Name WHITE, THOMAS E
Address 4717 OLD CANOE CREEK RD.
City-State-Zip: ST. CLOUD FL 34769

Title SECRETARY
Name ACKLEY, RAJIA
Address 1503 SUNSET POINTE PLACE
City-State-Zip: KISSIMMEE FL 34744

Title CHAIRMAN
Name MILLER, MARK
Address 2730 PARTIN SETTLEMENT ROAD
City-State-Zip: KISSIMMEE FL 34744

Title D
Name SANCHEZ, DOMINGO
Address 2800 VICKIE COURT
City-State-Zip: KISSIMMEE FL 34744

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMASA SANCHEZ**CEO, FOUNDER****01/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name GIBSON, SARAH DR.
Address 13535 NEMOURS PARKWAY
City-State-Zip: ORLANDO FL 32827

Title D
Name JEANNIN, WENDI
Address 4423 ALBRITTON RD
City-State-Zip: ST. CLOUD FL 34772

Title VC
Name ROBERTS, CHARLES JR.
Address 6850 LAKE NONA BOULEVARD
City-State-Zip: ORLANDO FL 32827