

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # G27891 1. Entity Name HEL-BENT TREE FARMS, INC.					
Principal Place of Business % CHARLES F. HELMLY, JR. 11100 SW 296 ST MIAMI, FL 33186 US			Mailing Address % CHARLES F. HELMLY, JR. 11985 S.W. 98 LANE MIAMI, FL 33186		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2234938	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HELMY, CHARLES F JR 11985 SW 98 LANE MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 DATE 1/24/05 Signature typed or printed name of registered agent, if applicable. (Not required if agent is a corporation or partnership.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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-STATE-ZIP	PD HELMLY, CHARLES F., JR. 11985 S.W. 98 LANE MIAMI, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HELMLY, LISA R 11985 SW 98 LANE MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD HELMLY, MARIA P 11985 SW 98 LN MIAMI, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD HELMLY, CHARLES F III 11985 SW 98 LANE MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
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: DATE 1/24/05 DAYTIME PHONE # 305-279-7615 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					