

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # G27891 1. Entity Name HEL-BENT TREE FARMS, INC.	
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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



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2234938	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEMLY, CHARLES F JR
11985 SW 98 LANE
MIAMI, FL 33186

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

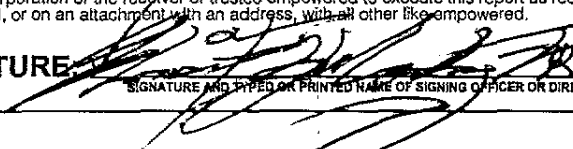
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HEMLY, CHARLES F., JR.
STREET ADDRESS	11985 S.W. 98 LANE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	HEMLY, LISA R
STREET ADDRESS	11985 SW 98 LANE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	STD
NAME	HEMLY, MARIA P
STREET ADDRESS	11985 SW 98 LN
CITY-ST-ZIP	MIAMI, FL
TITLE	VPD
NAME	HEMLY, CHARLES F III
STREET ADDRESS	11985 SW 98 LANE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80122-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  PRES. (305) 4/28/06 279-4215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #