

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90207 021 ***150.00

DOCUMENT #601317

1. Entity Name
HELWIG & TODD, P.A.



Principal Place of Business

**12428 SAN JOSE BLVD
STE 2
JACKSONVILLE, FL 32223 US**

Mailing Address

**12428 SAN JOSE BLVD
STE 2
JACKSONVILLE, FL 32223 US**

2. Principal Place of Business

1528 STOCKTON ST
Suite, Apt. #, etc.

3. Mailing Address

1528 STOCKTON ST
Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

JACKSONVILLE FL

Zip
32204

Country

Duval

Zip

32204

Country

Duval

04172006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-1269997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HELWIG, GRIFFIN
12428 SAN JOSE BLVD
STE 2
JACKSONVILLE, FL 32223**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1528 STOCKTON ST

City

Jacksonville

FL

Zip Code

32204

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 HELWIG, GRIFFIN ☐ Delete
STREET ADDRESS 12428 SAN JOSE BLVD STE 2
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE STD
NAME HELWIG TODD, PATRICIA ☐ Delete
STREET ADDRESS 12428 SAN JOSE BLVD., SUITE 2
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 1528 STOCKTON ST
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 1528 STOCKTON ST
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/18/06 (904)
2687155**