2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# 601317

Entity Name: HELWIG & TODD, P.A.

Current Principal Place of Business:

1528 STOCKTON ST
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

1912 HAMILTON STREET
107
JACKSONVILLE, FL 32210 US

Current Mailing Address:

1528 STOCKTON ST
JACKSONVILLE, FL 32204 US

New Mailing Address:

1912 HAMILTON STREET
107
JACKSONVILLE, FL 32210 US

FEI Number: 59-1269997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELWIG, GRIFFIN
1528 STOCKTON ST
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

HELWIG, GRIFFIN
1912 HAMILTON STREET
107
JACKSONVILLE, FL 32210 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: 01/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HELWIG, GRIFFIN,
Address: 1528 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: STD ( ) Delete
Name: HELWIG TODD, PATRICIA
Address: 1528 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HELWIG, GRIFFIN,
Address: 1912 HAMILTON STREET, SUITE 107
City-St-Zip: JACKSONVILLE, FL 32210

Title: STD (X) Change ( ) Addition
Name: HELWIG TODD, PATRICIA
Address: 1912 HAMILTON STREET, SUITE 107
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRIFFIN HELWIG PD 01/20/2009
Electronic Signature of Signing Officer or Director Date