

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90041 048 \*\*\*158.75

<b>DOCUMENT # 683473</b> 1. Entity Name <b>HEL-MAR CORPORATION</b>					
Principal Place of Business <b>2606 S HORSESHOE DR. NAPLES, FL 34104 US</b>			Mailing Address <b>2606 S HORSESHOE DR. NAPLES, FL 34104 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3520 KRAFT ROAD NAPLES, FL 34105</b>		3. Mailing Address <b>3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105</b>			
City or State _____		City or State _____		4. FEI Number <b>59-2023214</b>	
Zip _____		Country _____		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PEZESHKAN, FARHAD F. 3520 KRAFT ROAD NAPLES, FL 34105</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEZESHKAN, FARHAD <del>2680 LANTERN LANE</del> <del>NAPLES, FL 34104</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3520 KRAFT ROAD NAPLES, FL 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT CARSELLO, ROBERT 725 CORAL DRIVE NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARSELLO, MARY 725 CORAL DR. NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACIVOR, THOMAS 365 FIFTH SOUTH, SUITE 201 NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Thomas Macivor</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/24/07 (239) 434-0600 Date Daytime Phone #		