

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 683473

FILED
Mar 11, 2009
Secretary of State

Entity Name: HEL-MAR CORPORATION

Current Principal Place of Business:

3520 KRAFT ROAD
STE. 300
NAPLES, FL 34105 US

Current Mailing Address:

3530 KRAFT ROAD
STE 300
NAPLES, FL 34105 US

New Principal Place of Business:

3530 KRAFT ROAD
STE. 204
NAPLES, FL 34105 US

New Mailing Address:

3530 KRAFT ROAD
STE. 204
NAPLES, FL 34105 US

FEI Number: 59-2023214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEZESHKAN, FARHAD F
3520 KRATT ROAD
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

PEZESHKAN, FARHAD F
3530 KRAFT ROAD
SUITE 204
NAPLES, FL 34105 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:

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEZESHKAN, FARHAD
Address: 3520 KRAFT ROAD
City-St-Zip: NAPLES, FL 34105

Title: VDT () Delete
Name: CARSELLO, ROBERT
Address: 725 CORAL DRIVE
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: CARSELLO, MARY
Address: 725 CORAL DR.
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: MACIVOR, THOMAS
Address: 3530 KRAFT ROAD STE 300
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEZESHKAN, FARHAD
Address: 3530 KRAFT ROAD, SUITE 204
City-St-Zip: NAPLES, FL 34105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MACIVOR, THOMAS
Address: 3530 KRAFT ROAD STE 204
City-St-Zip: NAPLES, FL 34105

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: THOMAS A MACIVOR

MGR

03/11/2009

Electronic Signature of Signing Officer or Director

Date