

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F74596**  
 1. Entity Name  
 6601 CORPORATION



Principal Place of Business: 4250 LAKESIDE DR, 208 JACKSONVILLE FL 32210 US  
 Mailing Address: P O BOX 22, ORTEGA STATION, JACKSONVILLE FL 32210 US



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

4. FEI Number: 59-2200758  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HELMICK, JR., JOHN P.  
 4250 LAKESIDE DR #208  
 JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL 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 reconstituting)  
 DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE: PTD NAME: BROWN, LILA B. STREET ADDRESS: 4250 LAKESIDE DR #208 CITY-ST-ZIP: JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE: VD NAME: HELMICK, JOHN P JR. STREET ADDRESS: 4250 LAKESIDE DR #208 CITY-ST-ZIP: JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE: ASVD NAME: BROWN, BARRET STREET ADDRESS: 4250 LAKESIDE DR #208 CITY-ST-ZIP: JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE: AV NAME: HELMICK, MARC A. STREET ADDRESS: 4250 LAKESIDE DRIVE #208 CITY-ST-ZIP: JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE: AVS NAME: HELMICK, CLAUDETTE STREET ADDRESS: 4250 LAKESIDE DRIVE #208 CITY-ST-ZIP: JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Baret Brown 3/14/05 904-389-7340  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #