

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90029 020 \*\*\*150.00

**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**



2. Principal Place of Business

**1514-2 Nira Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

**Jacksonville, FL**

City & State

4. FEI Number

**59-2200758**

Applied For

Not Applicable

Zip

**32207**

Country

**USA**

Zip

Country

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)

**1514-2 Nira Street**

City

**Jacksonville**

**FL**

Zip Code

**32207**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 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	<input type="checkbox"/> Delete
NAME	BROWN, LILA B.	
STREET ADDRESS	4250 LAKESIDE DR #208	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HELMICK, JOHN P JR.	
STREET ADDRESS	4250 LAKESIDE DR #208	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	ASVD	<input type="checkbox"/> Delete
NAME	BROWN, BARRET	
STREET ADDRESS	4250 LAKESIDE DR #208	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	AV	<input type="checkbox"/> Delete
NAME	HELMICK, MARC A.	
STREET ADDRESS	4250 LAKESIDE DRIVE #208	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	AVS	<input type="checkbox"/> Delete
NAME	HELMICK, CLAUDETTE	
STREET ADDRESS	4250 LAKESIDE DRIVE #208	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1514-2 Nira Street	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1514-2 Nira Street	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1514-2 Nira Street	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1514-2 Nira Street	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*Lila B. Brown*

*Lila B. Brown*

3/28/06

904/346-0107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #