


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90019 036 \*\*\*150.00

<b>DOCUMENT # F74596</b> 1. Entity Name <b>6601 CORPORATION</b>			
Principal Place of Business <b>1514-2 NIRA ST JACKSONVILLE FL 32207 US</b>		Mailing Address <b>P O BOX 22 ORTEGA STATION JACKSONVILLE FL 32210 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>1514-2 Nira Street</b>  Suite, Apt. #, etc.	
City & State Zip      Country		City & State <b>Jacksonville, FL</b> Zip <b>32207</b> Country	
4. FEI Number      Applied For <b>59-2200758</b> <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HELMICK, JR., JOHN P. 1514-2 NIRA ST JACKSONVILLE FL 32207</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 _____ <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	
NAME	BROWN, LILA B. <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1514-2 NIRA ST	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32207	CITY- ST- ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMICK, JOHN P JR. <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	1514-2 NIRA ST	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32207	CITY- ST- ZIP	
TITLE	ASVD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BARRET <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	1514-2 NIRA ST	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32207	CITY- ST- ZIP	
TITLE	AV	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMICK, MARC A. <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	1514-2 NIRA ST	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32207	CITY- ST- ZIP	
TITLE	AVS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMICK, CLAUDETTE <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	1514-2 NIRA ST	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32207	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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.			
<b>SIGNATURE:</b> <u><i>Dani Brown</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-10-08</b> <b>904-346-0107</b> <small>Date      Daytime Phone #</small>	