

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002220

FILED
Apr 27, 2004
Secretary of State

Entity Name: GOLDSMITH, AGIO, HELMS SECURITIES, INC.

Current Principal Place of Business:

1170 THIRD ST. SOUTH #C201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1170 THIRD ST. SOUTH #C201
NAPLES, FL 34102

New Mailing Address:

FEI Number: 41-1658525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSMITH, STEVEN M
1170 THIRD STREET SOUTH #C201
NAPLES, FL 33940 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARUSO JR, GERALD M
Address: 225 SOUTH SIXTH STREET 46TH FLOOR
City-St-Zip: MINNEAPOLIS, MN 55402

Title: CFOD () Delete
Name: HELMS, JACK P
Address: 225 SOUTH SIXTH STREET 46TH FLOOR
City-St-Zip: MINNEAPOLIS, MN 55402

Title: S () Delete
Name: LYNNER, TERRY A
Address: 225 SOUTH SIXTH STREET 46TH FLOOR
City-St-Zip: MINNEAPOLIS, MN 55402

Title: D () Delete
Name: GOLDSMITH, STEVEN M
Address: 1170 THIRD STREET SOUTH #C201
City-St-Zip: NAPLES, FL 34102

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VPC () Change (X) Addition
Name: PECHA, KYLE A
Address: 225 SOUTH SIXTH STREET 46TH FLOOR
City-St-Zip: MINNEAPOLIS, MN 55402

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KYLE A. PECHA

VPC

04/27/2004

Electronic Signature of Signing Officer or Director

Date