

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000004580

1. Entity Name
H.E.L.P. REALTY, INC.



Principal Place of Business
495 N. KELLER RD. SUITE 301
MAITLAND, FL 32751

Mailing Address
495 N. KELLER RD. SUITE 301
MAITLAND, FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302005

Chg-P

CR2E034 (10/03)

4. FEI Number
75-2666568

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME CROW, HARLAN R
STREET ADDRESS 2100 MCKINNEY AVE., STE 700
CITY-ST-ZIP DALLAS, TX 75201

TITLE Vice Pres/Secy/Asst Treas. ☐ Change ☒ Addition
NAME Patterson, Thomas J.
STREET ADDRESS 2001 Bryan Street, Suite 3700
CITY-ST-ZIP Dallas, TX 75201

TITLE DV ☐ Delete
NAME TERWILLIGER, J R
STREET ADDRESS 2859 PACES FERRY ROAD, STE 1100
CITY-ST-ZIP ATLANTA, GA 30339

TITLE Designated Broker/Asst Secy ☐ Change ☒ Addition
NAME Smith, Kelli Cantani
STREET ADDRESS 541 S. Orlando Ave., Suite 300
CITY-ST-ZIP Maitland, FL 32751

TITLE DP ☐ Delete
NAME WOOD, EDWARD O JR
STREET ADDRESS 201 NEW YORK AVE., STE 200
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE Asst Secy ☐ Change ☒ Addition
NAME Steinhardt, Shari
STREET ADDRESS 6400 Congress Ave., Suite 2100
CITY-ST-ZIP Boca Raton, FL 33487

TITLE AS ☐ Delete
NAME SHAMBLIN, LEE ANN
STREET ADDRESS 717 N. HARWOOD STE. 1200
CITY-ST-ZIP DALLAS, TX 75201

TITLE Asst Secy ☐ Change ☒ Addition
NAME Moody, Marcia L.
STREET ADDRESS 2001 Bryan Street, Suite 3700
CITY-ST-ZIP Dallas, TX 75201

TITLE VST ☒ Delete
NAME PATTERSON, THOMAS J
STREET ADDRESS 717 N. HARWOOD STE. 1200
CITY-ST-ZIP DALLAS, TX 75201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DBAS ☒ Delete
NAME SUEDEMEYER, KIMBERLY K
STREET ADDRESS 541 S. ORLANDO AVE., STE 300
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marcia L. Moody

Marcia L. Moody, Asst Secy

6-30-05

214/922-8431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE 462182 . 4348748

AUTHORIZATION

Patricia Pizot

COST LIMIT : \$ 550.00

ORDER DATE : July 1, 2005

ORDER TIME : 10:48 AM

ORDER NO. : 462182-005

CUSTOMER NO: 4348748

CUSTOMER: Penny Lincoln
Trammell Crow Residential
Suite 3700
2001 Bryan Street
Dallas, TX 75201

RECEIVED
05 JUL - 1 PM 12:58
DEFINITION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: H.E.L.P. REALTY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____