

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000003660

1. Entity Name
HELRON MARINE SERVICES, INC.



Principal Place of Business
C/O ALLIANCE SHIPPERS, INC.
516 SYLVAN AVENUE, SUITE 602
ENGLEWOOD CLIFFS, NJ 07632

Mailing Address
C/O ALLIANCE SHIPPERS, INC.
516 SYLVAN AVENUE, SUITE 602
ENGLEWOOD CLIFFS, NJ 07632



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3551214

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, MARGIE D
3581 INVERRARY DRIVE, APT. C201
LAUDERHILL, FL 33319

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
PC
LEFCOURT, RONALD
STREET ADDRESS
516 SYLVAN AVENUE, SUITE 602
CITY-ST-ZIP
ENGLEWOOD CLIFFS, NJ 07632

TITLE
NAME
VCS
LEFCOURT, HELEN
STREET ADDRESS
516 SYLVAN AVENUE, SUITE 602
CITY-ST-ZIP
ENGLEWOOD CLIFFS, NJ 07632

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000298342
04/11/05-80065-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

Date

201 227-0400

Daytime Phone #