


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # G19071
 1. Entity Name
HELSETH GROVE SERVICE, INC.



Principal Place of Business Mailing Address
 7805 IMMOKOLEE ROAD 7805 IMMOKOLEE ROAD
 FT PIERCE, FL 34951 FT PIERCE, FL 34951



01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2278786** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 HELSETH, HAROLD S.
 7805 IMMOKOLEE ROAD
 FT PIERCE, FL 34951

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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 _____ (NOTE: Registered Agent signature required when restateing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 STREET ADDRESS CITY-ST-ZIP | PD HELSETH, HAROLD S. 7805 IMMOKOLEE ROAD FT PIERCE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HELSETH, BETTY P. 7805 IMMOKOLEE ROAD FT. PIERCE, FL 3 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HELSETH, BRIAN D. 17580 HAMMOCK LANE FT. PIERCE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HELSETH, CRAIG S. 18602 MACH ONE DRIVE FT. PIERCE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000012066
 01/23/04-80063-016 150.00

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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)(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: Harold S. Helseth **HAROLD S. HELSETH** 1/20/04 772-461-5805
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #