

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G19071

FILED
Jan 07, 2009
Secretary of State

Entity Name: HELSETH GROVE SERVICE, INC.

Current Principal Place of Business:

7805 IMMOKOLEE ROAD
FORT PIERCE, FL 349514006

New Principal Place of Business:

Current Mailing Address:

7805 IMMOKOLEE ROAD
FORT PIERCE, FL 349514006

New Mailing Address:

FEI Number: 59-2278786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELSETH, HAROLD S.
7805 IMMOKOLEE ROAD
FT PIERCE, FL 34951 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: HELSETH, HAROLD S.,
Address: 7805 IMMOKOLEE ROAD
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: HELSETH, BETTY P.
Address: 7805 IMMOKOLEE ROAD
City-St-Zip: FORT PIERCE, FL 349514006

Title: D () Delete
Name: HELSETH, BRIAN A.
Address: 4308 VILLIAGE PALM LANE
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: HELSETH, CRAIG S.
Address: 18602 MACH ONE DRIVE
City-St-Zip: FT. PIERCE, FL 34987 US

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HAROLD HELSETH

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date