


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J17810**

1. Entity Name  
**THE MONTFORT HELM COMPANY OF FLORIDA, INC.**



Principal Place of Business      Mailing Address

**% WILLIAM MONTFORT HELM**  
**1221 HARBOR DR.**  
**DELRAY BCH., FL 33483-7159**

**% WILLIAM MONTFORT HELM**  
**1221 HARBOR DR.**  
**DELRAY BCH., FL 33483-7159**

**DO NOT WRITE IN THIS SPACE**



01302004    No Chg-P    CR2E034 (10/03)

4. FCI Number <b>59-2685523</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HELM, WILLIAM MONTFORT**  
**1221 HARBOR DR.**  
**DELRAY BEACH, FL 33483**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registrant, and title if applicable.      NOTE: Registered Agent signature required when registering.

**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	DP HELM, WILLIAM MONTFORT 1221 HARBOR DR DELRAY BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HELM, CAROLYN J. 1221 HARBOR DR DELRAY BCH, FL
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03/12/04-80038-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

**SIGNATURE** William Montfort Helm    **WILLIAM MONTFORT HELM**    3/9/04    561-276-4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      District Phone #