

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # J17810**

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



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

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



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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	

**5. 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

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	DP
NAME	HELM, WILLIAM MONTFORT
STREET ADDRESS	1221 HARBOR DR
CITY - ST - ZIP	DELRAY BCH, FL

TITLE	V
NAME	HELM, CAROLYN J.
STREET ADDRESS	1221 HARBOR DR
CITY - ST - ZIP	DELRAY BCH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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01/19/05-80011-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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, with all other like empowered.

**SIGNATURE:**

*William Montfort Helm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-05 561-276-4585

Date

Daytime Phone #