

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # J17810

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



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

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



01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2685523

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/11/07-80070-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 1/7/07

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