2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J74808

1. Entity Name
H.E.L.P. COUNSELING, INC.

Principal Place of Business	Mailing Address
11407 SEMINOLE BLVD LARGO, FL 33778 US	11407 SEMINOLE BLVD LARGO, FL 33778 US

DO NOT WRITE IN THIS SPACE

01162005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2811377	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES, KATHLEEN R.
11407 SEMINOLE BLVD
LARGO, FL 33778

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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
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	PD
NAME	HAYES, KATHLEEN R.
STREET ADDRESS	11407 SEMINOLE BLVD
CITY-ST-ZIP	LARGO, FL 33778
TITLE	VD
NAME	HAYES, CHARLES J.
STREET ADDRESS	11407 SEMINOLE BLVD
CITY-ST-ZIP	LARGO, FL 33778

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01/21/05-80056-007 150.00

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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.

727 391 809b

SIGNATURE: *Kathleen R. Hayes Kathleen R. Hayes 1/17/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #