

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000001806

1. Entity Name
SADIE HOLMES HELP SERVICE INC.



Principal Place of Business
**1280 AMANDA STREET
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**1280 AMANDA STREET
ALTAMONTE SPRINGS, FL 32701**



05252006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3651361

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLMES, SADIE
1280 AMANDA STREET
ALTAMONTE SPRINGS, FL 32701**

**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

**Filing Fee is \$61.25
Due by September 6, 2006**

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
**CEOD
HOLMES, SADIE
622 PLUM LANE
ALTAMONTE SPRINGS, FL 32701**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
SMITH, EDDIE
214 LAKE ELLEN DR
CASSELBERRY, FL 32707**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
SMITH, KATHY
214 LAKE ELLEN DRIVE
CASSELBERRY, FL 32707**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
HODSON, DORTHY
511 PEACH TREE LANE
ALTAMONTE SPRINGS, FL 32701**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
SEALY, LORISA
161 OAK AVE
ALTAMONTE SPRINGS, FL 32701**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

may-26-06 (on)

Date Phone

831-6324