


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005736 1. Entity Name HELP SERVICE GROUP, INC.	
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Principal Place of Business 7633 MOUNT CARMEL DR. ORLANDO, FL 32835	Mailing Address 7633 MOUNT CARMEL DR. ORLANDO, FL 32835
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 54-2068773	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent

OLSON, BRUCE L
7633 MOUNT CARMEL DR.
ORLANDO, FL 32835

**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: Bruce L. Olson, PRESIDENT DATE: APRIL 27, 2005
Signature: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

000000355382
05/03/05-80144-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, BRUCE L 7633 MOUNT CARMEL DR. ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, DONALD J 7633 MOUNT CARMEL DR. ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, CHARLENE R 7633 MOUNT CARMEL DR. ORLANDO, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 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: Bruce L. Olson, PRESIDENT BRUCE L. OLSON 4-27-05 407-810-1751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #