


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90383 046 \*\*\*\*61.25

<b>DOCUMENT # N94000004184</b>	
1. Entity Name <b>ALL HELPING HANDS INC.</b>	

Principal Place of Business <b>ROUTE 16 BOX 806 LAKE CITY FL 32055</b>	Mailing Address <b>P.O. BOX 1987 LAKE CITY FL 32056</b>
---	--

2. Principal Place of Business Suite, Apt. #, etc. <b>284 N.W. FALLING CREEK Rd</b> City & State		3. Mailing Address <b>284</b> Suite, Apt. #, etc. City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>HAFNER, JOHN R RT 16 -BOX 806 LAKE CITY FL 32055</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>284 N.W. FALLING CREEK Rd</b> City <b>LAKE CITY</b> FL Zip Code <b>32055</b>	
--	--	---	--

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 *John R Hafner* **John R. HAFNER** DATE **4-13-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HAFNER, JOHN R</b> <b>RT 16 BOX 806</b> <b>LAKE CITY FL 32055</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>284 NW FALLING CREEK Rd</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HAFNER, JOHN R II</b> <b>RT 16 BOX 806</b> <b>LAKE CITY FL 32055</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>284 N.W. FALLING CREEK Rd</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HERNANDEZ, WENDY</b> <b>RT. 16 BOX 806</b> <b>LAKE CITY FL 32055</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>284 N.W. FALLING CREEK Rd</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John R Hafner* **John R. HAFNER** DATE **4/13/04** DAYTIME PHONE # **386 755 648**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR