

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

FILED

**Feb 08, 2006 08:00 AM
Secretary of State**

DOCUMENT # N94000004184

1. Entity Name
ALL HELPING HANDS INC.



Principal Place of Business
**284 N.W. FALLING CREEK ROAD
LAKE CITY, FL 32055**

Mailing Address
**P.O. BOX 1987
LAKE CITY, FL 32056**



02022006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1565112

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAFNER, JOHN R
284 N.W. FALLING CREEK ROAD
LAKE CITY, FL 32055**

**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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000425045
02/18/06-80077-020 61.25**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HAFNER, JOHN R**
STREET ADDRESS **284 N.W. FALLING CREEK ROAD**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **D**
NAME **HAFNER, JOHN R II**
STREET ADDRESS **284 N.W. FALLING CREEK ROAD**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **D**
NAME **HERNANDEZ, WENDY**
STREET ADDRESS **284 N.W. FALLING CREEK ROAD**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 517, 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

2-1-06

Date

386-755-6481

Daytime Phone #