


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000009614</b> 1. Entity Name <b>HELP-A-HOST, INC.</b>		
Principal Place of Business <b>2830 PARKLAND DR WINTER PARK, FL 32789</b>	Mailing Address <b>2830 PARKLAND DR WINTER PARK, FL 32789</b>	



03202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3627887</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LOPEZ, R. JOSEPH CPA 1313 APPLETON AVE ORLANDO, FL 32806</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 NAME STREET ADDRESS CITY-ST-ZIP	TD LONGO, DAN J 2737 WOODSIDE AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTIAGO, JULIO C 2830 PARKLAND DR WINTER PARK, FL 32789
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03/26/05-80035-004 158.75

**DO NOT WRITE  
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)(f), 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.

**SIGNATURE:**

*Dan Longo* *TRUSTEES*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/20/05*  
Date

*407-644-6560*  
Daytime Phone #