2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED
DOCUMENT. # P00000018360					May 28, 2004 08:00 AM Secretary of State
HELMS REALTY, INC.					Secretary of State
Principal Plac	Mailing Address	** ************************************	79 14		
	AFOX HWY A FL 32534	8820 N PALAFOX HWY PENSACOLA FL 32534			・ (福祉) (福祉) (福祉) (福祉) (福祉) (福祉) (福祉) (福祉)
2. Principal Place of Business		3. Mailing Address		errer entresentarion en per en en en derrone.	
Suite, Apt #, etc		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
City & State		City & State			4. FEI Number 59-3626673 Applied For Not Applicable
Zip	Country	Ζιρ	p Country		5. Certificate of Status Desired S8.75 Additional Fee Required
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
HFI	MS, DANNY D			Name	
882	0 N PALAFOX HWY ISACOLA FL 32534		-	Street Address (P.O. Box Number is Not Acceptable)
				City	FL Zip Code
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 agont and title if applicable (NOTE Registered Agent signature required whon ronstating) DATE					
				gers and control	DATE THE TAXABLE PROPERTY OF THE PARTY OF TH
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	·	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PVTS HELMS, DANNY D	☐ Delete	THE	*	Change Addition
STREET ADDRESS	8820 N PALAFOX HWY		NAME STREET A	ADDRESS	!Innnnn1£1792
CITY - ST - ZIP	PENSACOLA FL 32534		CITY-ST	}	U00000161782 05/28/04-80004-010 150,00
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CITY-ST-ZIP			CHY-SI	-28	The same of the sa
TITLE NAME		☐ Delete	TITLE MAME		☐ Change ☐ Addition
STREET ADDRESS			STREET A	NODRESS	
CITY - ST - ZIP			CITY-ST	-ZIP	
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NAME			NAME	-	:
STREET ADDRESS CITY+ST-ZIP			STREET A		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET A	3	
12 Thereby	f certify that the information supplied w	with this filling does not available for	the everno	tion stated in So	oction 119 07/3Vi). Florida Statutes further certifu that the information
12. I hereby certify that the information supplied with this filling 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 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					

Daylime Phone #