

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000032544

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** HELPING HANDS HOME SERVICES, INC.

**Current Principal Place of Business:**

581 N. BARFIELD DRIVE  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

581 N. BARFIELD DRIVE  
MARCO ISLAND, FL 34145

**New Mailing Address:**

**FEI Number:** 59-3638937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRIS, WILLIAM G  
247 N. COLLIER BLVD., STE 202  
MARCO ISLAND, FL 341462056 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** MADEN FORD, JEFFREY R  
**Address:** 581 N. BARFIELD DRIVE  
**City-St-Zip:** MARCO ISLAND, FL 34145

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JEFFREY R. MADENFORD

CEO

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date