

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90155 031 ***150.00

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04212006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000074739			
1. Entity Name J L HELMER, INC.			
Principal Place of Business 7648 LOCKWOOD RIDGE ROAD SARASOTA, FL 34243 US		Mailing Address PO BOX 611 TALLEVAST, FL 34270-0611	
2. Principal Place of Business 2163 Glendale Dr. Suite, Apt. #, etc.		3. Mailing Address 2163 Glendale Dr. Suite, Apt. #, etc.	
City & State Charleston, SC 29414		City & State Charleston, S.C.	
Zip 29414		Country Charleston	
4. FEI Number 65-1030975		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOMELDORPH, HOWARD R CPA 7648 LOCKWOOD RIDGE ROAD SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HELMER, JUDITH L 959 PROVINCIAL CIRCLE MT PLEASANT, SC 29464 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Helmer, Judith 2163 Glendale Dr. Charleston, SC 29414 <input checked="" 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
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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 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 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: <i>Judith L. Helmer</i>		Date: 4-24-06 Daytime Phone #: 843 708-1887	