

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000085955	
1. Entity Name HELPING HANDS ADULT CARE, INC.	



Principal Place of Business 18860 US HWY 19N 128 CLEARWATER, FL 33764	Mailing Address 18860 US HWY 19N 128 CLEARWATER, FL 33764
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3672473	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

POYTHRESS, KIM M
1826 CLEARBROOKE DRIVE
CLEARWATER, FL 33760

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 Kim Poythress DATE 1/8/03

Signature must be provided with a registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	D POYTHRESS, KIM 1826 CLEARBROOKE DRIVE CLEARWATER, FL 33760
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01/12/04-80033-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Kim Poythress DATE 1/8/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR