

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084900

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA HOME HELPERS, INC.

**Current Principal Place of Business:**

8074 SHALOM DR.  
SPRING HILL, FL 34606 US

**New Principal Place of Business:**

8074 SHALOM DR  
SPRING HILL, FL 34606 US

**Current Mailing Address:**

1161 PRINCESS ROAD  
CRIPPLE CREEK, CO 80813 US

**New Mailing Address:**

1001 TRAMWAY BLVD NE  
214  
ALBUQUERQUE, NM 87112 US

**FEI Number:** 59-3744190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN, GERALD A  
8074 SHALOM DRIVE  
SPRING HILL, FL 34606 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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: BALCERAK, WALTER  
Address: 1001 TRAMWAY BLVD NE APT 214  
City-St-Zip: ALBUQUERQUE, NM 87112 US

Title: DVPS  
Name: BALCERAK, LINDA  
Address: 1001 TRAMWAY BLVD NE APT 214  
City-St-Zip: ALBUQUERQUE, NM 87112 US

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: WALTER BALCERAK

PRES

03/17/2011

Electronic Signature of Signing Officer or Director

Date