## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000199201

1. Entity Name
DAWN T. HELTON, P.A.



FILED Apr 16, 2004 08:00 AM Secretary of State

Principal Place of Business 14626 HWY, 301 NORTH THONOTOSASSA, FL 33592 Mailing Address

14626 HWY. 301 NORTH THONOTOSASSA, FL 33592



## DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 60-0000170 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HELTON, DAWN T 14626 HWY. 301 NORTH THONOTOSASSA, FL 33592

## DO NOT WRITE IN THIS SPACE

					and the second s
8. The above the obligation	named entity submits this statement for the plans of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered opens and title	f applicable. (NOTE Registered	i Agent signature	required when reinstaling)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	-
TITLE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND DIRECT PD HELTON, DAWN T 14626 HWY. 301 NORTH THONOTOSASSA, FL 33592	PTORS			U00000116405 04/16/04-80063-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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.

SIGNATURE:

OM 1. Itality DAWNT. Helto.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARY OFFICER OR DIRECTOR

0 4/14/01

813-986-6503

Daytime Phone it