

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067689

FILED  
Mar 01, 2009  
Secretary of State

Entity Name: HELPING HANDS MOVERS, INC.

**Current Principal Place of Business:**

9070 TAYLORFIELD RD.  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

9070 TAYLORFIELD ROAD  
JACKSONVILLE, FL 32222

**New Mailing Address:**

9070 TAYLORFIELD RD.  
JACKSONVILLE, FL 32221

FEI Number: 35-2171510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMALL BUSINESS ASSOCIATES, INC.  
4070 HERSCHEL STREET  
JACKSONVILLE, FL 32210 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: P ( ) Delete  
Name: HAMILTON, JAMES P SR.  
Address: 9070 TAYLORFIELD ROAD  
City-St-Zip: JACKSONVILLE, FL 32222

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES P HAMILTON SR.

P

03/01/2009

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

\_\_\_\_\_  
Date