

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90001 005 ***150.00

DOCUMENT # P02000114327

1. Entity Name
HELMS DEVELOPMENT & CONSTRUCTION, INC.



Principal Place of Business

123 CIRCLE HILL RD.
SANFORD, FL 32773

Mailing Address

123 CIRCLE HILL RD.
SANFORD, FL 32773

54064496

2. Principal Place of Business

653 SHORT OAR CT

3. Mailing Address

653 SHORT OAR CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072004

Chg-P

CR2E034 (10/03)

City & State

SANFORD, FL

City & State

SANFORD, FL

4. FEI Number

13-4218255

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

32771

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELMS, MICHAEL W
123 CIRCLE HILL R
SANFORD, FL 32773

7. Name and Address of New Registered Agent

Name

HELMS, MICHAEL W

Street Address (P.O. Box Number is Not Acceptable)

653 SHORT OAR CT

City

SANFORD

FL

Zip Code

32771

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 *Michael W. Helms* Michael W. Helms President

7-18-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME HELMS, MICHAEL W
STREET ADDRESS 123 CIRCLE HILL RD
CITY-ST-ZIP SANFORD, FL 32773 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HELMS, MICHAEL W
STREET ADDRESS 653 SHORT OAR CT
CITY-ST-ZIP SANFORD, FL 32771 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: *Michael W. Helms* Michael W. Helms President 7-18-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #