## 2006 FOR PROFIT CORPORATION

## Aug 04, 2006 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P02000114327 HELMS DEVELOPMENT & CONSTRUCTION, INC. Principal Place of Business Mailing Address 653 SHORT OAR CT 653 SHORT OAR CT SANFORD, FL 32771 SANFORD, FL 32771 07312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4218255 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HELMS, MICHAEL W DO NOT WRITE 653 SHORT OAR CT SANFORD, FL 32771 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. *U000000573389* SIGNATURE <del>-80<u>0</u>06-002 150.0</del>0 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE NAME HELMS, MICHAEL W 653 SHORT OAR CT STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 applicingles, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**