

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90080 017 \*\*\*150.00

**DOCUMENT # P03000030366**

1. Entity Name  
**HELEN & NEAL INC.**



Principal Place of Business

P.O BOX 5535  
KEY WEST, FL 33045

Mailing Address

P.O BOX 5535  
KEY WEST, FL 33045

**DO NOT WRITE IN THIS SPACE**



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**13-4244277**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, NEAL R  
2004 PATTERSON AVENUE  
KEY WEST, FL 33040

**DO NOT WRITE  
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.

SIGNATURE

*Neal Martin*

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

(NOTE: Registered Agent signature required when reinstating)

4/27/07

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MR.
NAME	MARTIN, NEAL R
STREET ADDRESS	2004 PATTERSON AVENUE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	MS.
NAME	FILL, HELEN K
STREET ADDRESS	2004 PATTERSON AVENUE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE:

*Neal Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 305-296-8269

Date

Daytime Phone #