

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90060 001 ***150.00
03-04-2004 90060 002 *****8.75

66404372



03012004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000065902 1. Entity Name HELI, ASSIST, INC.	
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Principal Place of Business 2340 CARRINGTON CT UNIT 201 NAPLES, FL 34109	Mailing Address 2340 CARRINGTON CT UNIT 201 NAPLES, FL 34109
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2. Principal Place of Business 14848 OLD HI N	3. Mailing Address 14848 OLD HI N
Suite, Apt. #, etc. SUITE 15	Suite, Apt. #, etc. SUITE 15
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34110	Country USA

4. FEI Number 54-2113511	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 Additional Fee Required: <input checked="" type="checkbox"/>

6. Name and Address of Current Registered Agent BROWN, STEVE 2340 CARRINGTON CT UNIT 201 NAPLES, FL 34109

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, STEVE 529 SUMMER ST WALPOLE, MA 02071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, STEVE 2340 CARRINGTON CT UNIT 201 NAPLES, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUFFLEBOTHAM, MARK 8197 TAUREN CT NAPLES, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHINN, DEBORAH 3710 4TH AVE NE NAPLES, FL 34120 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 filers empowered.

SIGNATURE: 	M. SHUFFLEBOTHAM	3/01/2004	239-5144540
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>