

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111079

FILED  
Aug 12, 2004  
Secretary of State

Entity Name: HELPFUL PRODUCTS DISTRIBUTORS, INC.

## Current Principal Place of Business:

13300 NW 97TH AVE  
HIALEAH GARDENS, FL 33018

## New Principal Place of Business:

## Current Mailing Address:

13300 NW 97TH AVE  
HIALEAH GARDENS, FL 33018

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VEREBAY, LAYNE  
888 SE 3RD AVE  
SUITE 400  
FT LAUDERDALE, FL 33316 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

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DEWITT, DAVID  
Address: 13300 NW 97TH AVE  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: V ( ) Delete  
Name: DEWITT, GAIL  
Address: 13300 NW 97TH AVE  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: S ( ) Delete  
Name: DEWITT, RONALD  
Address: 13300 NW 97TH AVE  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: T ( ) Delete  
Name: DEWITT, JEFFREY  
Address: 13300 NW 97TH AVE  
City-St-Zip: HIALEAH GARDENS, FL 33018

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID DEWITT

PD

08/12/2004

Electronic Signature of Signing Officer or Director

Date