

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90067 041 \*\*\*150.00

**DOCUMENT # P03000130951**

1. Entity Name

HELM MASONRY, INC.



Principal Place of Business

2237 HIDDEN WATERS EAST  
GREEN COVE SPRINGS FL 32043

Mailing Address

2237 HIDDEN WATERS EAST  
GREEN COVE SPRINGS FL 32043

4007541



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Clay County

Suite, Apt. #, etc.

3. Mailing Address

2237 Hidden Waters Dr. East

Suite, Apt. #, etc.

City & State

G.C.S. FL

City & State

G.C.S. FL

4. FEI Number

65-1710051

Applied For

Not Applicable

Zip

32043

Country

U.S.

Zip

32043

Country

U.S.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLOOMER, GEORGE M III  
4429 CR 218 WEST  
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name: Helm Masonry, Inc.

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

2237 Hidden Waters Dr. East

Green Cove Springs

City

FL

Zip Code

32043

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

*[Signature]*

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HELM, JOSEPH  
STREET ADDRESS 2237 HIDDEN WATERS EAST  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE VD ☐ Delete  
NAME HELM, JON M  
STREET ADDRESS 2237 HIDDEN WATERS EAST  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE Sec. ☐ Delete  
NAME Brian Keith Herndon  
STREET ADDRESS 2237 Hidden Waters East  
CITY-ST-ZIP Green Cove Springs FL 32043

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Herndon K. Brian ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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:

*[Signature]*

Jon M. Helm

1-28-04

904-449-6142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #