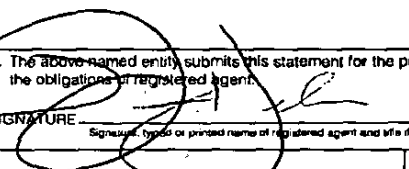
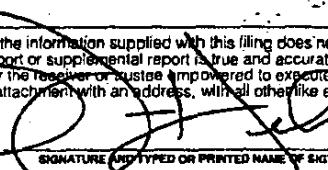


FILED
May 20, 2004 8:00 am
Secretary of State

04-29-2004 90332 016 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000138952			
1. Entity Name DONALD HELMS, INC.			
Principal Place of Business 265 CAMERON ST SE PALM BAY, FL 32909		Mailing Address 265 CAMERON ST SE PALM BAY, FL 32909	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03292004		Chg-P CR2E034 (10/03)	
4. FEI Number 200426571		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALRON ENTERPRISES, INC. 390 NARRAGANSETT ST NE PALM BAY, FL 32907		7. Name and Address of New Registered Agent Name Donald Helms Street Address (P.O. Box Number is Not Acceptable) 265 Cameron St. SE City Palm Bay FL Zip Code 32909	
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  Donald Helms Reg. Agent DATE 4/26/04 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. -- ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HELMS, DONALD 265 CAMERON ST SE PALM BAY, FL 32909 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S Helms, Donald 265 Cameron St. SE Palm Bay FL 32909 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T Helms, Evelyn 265 Cameron St. SE Palm Bay FL 32909 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 like empowered. SIGNATURE:  Donald Helms Pres DATE 4/26/04 (321) DAYTIME PHONE # 729-9977			