


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 05, 2005 8:00 am
Secretary of State

04-12-2005 90124 029 ***150.00

DOCUMENT # P04000007499 1. Entity Name J'S HELPING HANDS OF BREVARD, INC.					
Principal Place of Business 307 BAREFOOT BLVD. BAREFOOT BAY FL 32976			Mailing Address 307 BAREFOOT BLVD. BAREFOOT BAY FL 32976		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 200579089	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALRON ENTERPRISES, INC. 3990 MINTON RD. MELBOURNE FL 32904				7. Name and Address of New Registered Agent Name Bonnie Heck Street Address (P.O. Box Number is Not Acceptable) 307 BAREFOOT BLVD City Barefoot Bay FL 32976	
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 <u>Bonnie Heck</u> (NOTE: Registered Agent signature required when re-registering) DATE <u>February 9, 2005</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME HECK, JAMES R STREET ADDRESS 307 BAREFOOT BLVD. CITY- ST- ZIP BAREFOOT BAY FL 32976			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>James Heck</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>February 9, 2005</u> <small>Date Daytime Phone #</small>	