

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2007 08:00 AM  
Secretary of State

DOCUMENT # P04000026630

1. Entity Name

HELPING HAND NURSING SERVICES, INC.



Principal Place of Business

1948 EAST EDGEWOOD AVENUE  
LAKELAND FL 33803  
US

Mailing Address

1948 EAST EDGEWOOD DRIVE  
LAKELAND FL 33803  
US



2. Principal Place of Business - No P.O. Box #

1948 E. Edgewood Drive  
Suite, Apt. #, etc.

3. Mailing Address

1948 E. Edgewood Dr  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Lakeland, Florida

City & State

Lakeland, Florida

4. FEI Number

20-0721478

Applied For

Not Applicable

Zip

33803

Country

PolK

Zip

33803

Country

PolK

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLD, JAMES E  
1948 EAST EDGEWOOD DRIVE  
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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, 2007 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 D,P ☐ Delete  
NAME GOLD, JAMES E  
STREET ADDRESS 1948 EAST EDGEWOOD DRIVE  
CITY-STATE-ZIP LAKELAND FL 33803

TITLE D,VP ☐ Delete  
NAME GOLD, MARLA A  
STREET ADDRESS 1948 EAST EDGEWOOD DR,  
CITY-STATE-ZIP LAKELAND FL 33803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100000650780  
CITY-STATE-ZIP 03/08/07-80027-010 150.00

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

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NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*James E. Gold*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. GOLD

Date

2/28/07

Daytime Phone

(813) 616-1888