

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000102334	
1. Entity Name BILL HELMICH CONSULTING, INC.	



FILED

05 FEB 23 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 420 E PARK AVE #41 TALLAHASSEE, FL 32301	Mailing Address 420 E PARK AVE #41 TALLAHASSEE, FL 32301
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2. Principal Place of Business 303 Johns Drive Suite, Apt. #, etc.	3. Mailing Address 303 Johns Drive Suite, Apt. #, etc.
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02092005 Chg-P CR2E034 (10/03)

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32301	Country USA

4. FEI Number 20-1370591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HELMICH, BILL 420 E PARK AVE #41 TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name Helmich, Bill Street Address (P.O. Box Number is Not Acceptable) 303 Johns Drive City Tallahassee FL Zip Code 32301	
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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: Bill Helmich DATE: 2/10/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, 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: Bill Helmich DATE: 2/10/05 854251-3126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR