

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90093 041 \*\*\*150.00

DOCUMENT # P04000138954

1. Entity Name

BRIAN HELSETH CONSTRUCTION, INC.



Principal Place of Business

~~5670 SUNBERRY CIRCLE~~  
FT. PIERCE FL 34946  
US

Mailing Address

~~5670 SUNBERRY CIRCLE~~  
FT. PIERCE FL 34946  
US



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

4308 Village Palm Ln.  
Suite, Apt. #, etc.

3. Mailing Address

4308 Village Palm Ln.  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Ft. Pierce FL

City & State

Ft. Pierce FL

4. FEI Number

75-3170500

Applied For

Not Applicable

Zip

34946

Country

US

Zip

34946

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HELSETH, BRIAN A  
~~5670 SUNBERRY CIRCLE~~  
FT. PIERCE FL 34946

4308 Village Palm Ln.

7. Name and Address of New Registered Agent

Name Brian Helseth

Street Address (P.O. Box Number is Not Acceptable)  
4308 Village Palm Lane

City Ft. Pierce

FL

Zip Code 34946

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

Brian Helseth

3-21-07

Signature, typed or printed name of registered agent and title, 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 NAME STREET ADDRESS CITY ST ZIP	PD HELSETH, BRIAN A <del>5670 SUNBERRY CIRCLE</del> 4308 Village Palm FT. PIERCE FL 34946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	ST HELSETH, ANGELA R <del>5670 SUNBERRY CIRCLE</del> 4308 Village Palm Lane FT. PIERCE FL 34946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Brian Helseth

3-21-07

772-466-3975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Displaying Phone #