

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000115372

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** HELP AT HOME INC.

**Current Principal Place of Business:**

13542 N. FLORIDA AVE., SUITE 208  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

13542 N. FLORIDA AVE., SUITE 208  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 75-3066812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAWFORD, BONNIE  
13542 N. FLORIDA AVE., SUITE 208  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CRAWFORD, BONNIE  
Address: 13542 N. FLORIDA AVENUE STE. 208  
City-St-Zip: TAMPA, FL 33613

Title: D  
Name: CRAWFORD, JAMES  
Address: 13542 N. FLORIDA AVENUE STE. 208  
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BONNIE CRAWFORD

DIR

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date