

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90569 034 \*\*\*150.00

**DOCUMENT # P95000006704**

1. Entity Name

NOHELP, INC.



Principal Place of Business

665 SE 10 ST. #100  
NO. B-204  
DEERFIELD BEACH FL 33441

Mailing Address

665 SE 10 ST. #100  
NO. B-204  
DEERFIELD BEACH FL 33441

2. Principal Place of Business

665 SE 10 ST

Suite, Apt. #, etc.

100

City & State

Deerfield Beach FL

Zip

33441

Country

USA

3. Mailing Address

665 SE 10 ST

Suite, Apt. #, etc.

100

City & State

Deerfield Beach FL

Zip

33441

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0550525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, LAWRENCE  
665 SE 10 ST. #100  
NO. B-204  
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name

Reynolds - Lawrence N.

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

665 SE 10 ST

Suite

100

City

Deerfield Beach

FL

Zip Code

33441

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

*Lawrence N. Reynolds*

Lawrence N. Reynolds, Pres.

4-22-04

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, 2004 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	PD	<input type="checkbox"/> Delete
NAME	REYNOLDS, LAWRENCE N	
STREET ADDRESS	665 SE 10 ST. #100	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	

TITLE	V	<input type="checkbox"/> Delete
NAME	CORBETT, JOANN	
STREET ADDRESS	665 SE 10 ST. #100	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	665 SE 10 ST #100	
CITY-ST-ZIP		

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

*Lawrence N. Reynolds* Pres.

Lawrence N. Reynolds 4-22-04 (954) 480-9477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #