

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90195 018 ***158.75

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1. Entity Name
BONNIE J. HELMS, P. A.

Principal Place of Business
**422 FLEMING ST
KEY WEST, FL 33040**

Mailing Address
**PO BOX 5530
KEY WEST, FL 33045**

2. Principal Place of Business
300 Southard St.

3. Mailing Address

Suite, Apt. #, etc.
206

Suite, Apt. #, etc.

City & State
Key West, FL

City & State

Zip
33040 Country
USA

Zip Country

04212004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0555315

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HELMS, BONNIE J
422 FLEMING ST
KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

Name

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

300 Southard St.

#206

City **Key West**

FL

Zip Code
33040

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 *Bonnie J. Helms*
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

4/21/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
**D
HELMS, BONNIE J
422 FLEMING ST
KEY WEST, FL 33040** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300 Southard St. #206 ☒ Change ☐ Addition

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

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Bonnie J. Helms*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04 305 292-1166
Date Daytime Phone #