

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 10, 2004 8:00 am**  
**Secretary of State**

08-10-2004 90004 015 \*\*\*550.00

**DOCUMENT # P96000057508**

1. Entity Name  
**HELMICK & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address

**4354 GALILEO AVE.**      **4354 GALILEO AVE.**  
**JACKSONVILLE, FL 32210 US**      **JACKSONVILLE, FL 32210 US**

**24079486**



2. Principal Place of Business      3. Mailing Address

**450 Ocean Dr. #201**      **450 Ocean Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#201**      **#201**

08042004      Chg-P      CR2E034 (10/03)

City & State      City & State

**Juno Beach, FL**      **Juno Beach, FL**  
 Zip      Country      Zip      Country  
**33908 US**      **33408 US**

4. FEI Number      Applied For

**65-0680986**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PARKS, LARRY D.**  
**7460 SW 130TH ST**  
**MIAMI, FL 33156**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HELMICK, ANN</b>
STREET ADDRESS	<b>4354 GALILEO AVE.</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>
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 type="checkbox"/> Addition
NAME	<b>HELMICK, ANN</b>
STREET ADDRESS	<b>450 Ocean Dr #201</b>
CITY-ST-ZIP	<b>Juno Beach, FL</b>
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
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: Ann Helmick      Date: 8/11/04      Daytime Phone #: 9046266249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR