


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P96000057508</b>	
1. Entity Name <b>HELMICK &amp; ASSOCIATES, INC.</b>	

Principal Place of Business <b>4354 GALILEO AVE. JACKSONVILLE, FL 32210 US</b>	Mailing Address <b>4354 GALILEO AVE. JACKSONVILLE, FL 32210 US</b>
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**24079486**



2. Principal Place of Business <b>450 Ocean Dr. #201</b> Suite, Apt. #, etc. <b>#201</b>	3. Mailing Address <b>450 Ocean Drive</b> Suite, Apt. #, etc. <b>#201</b>
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08042004 Chg-P CR2E034 (10/03)

City & State <b>Juno Beach, FL</b>	City & State <b>Juno Beach, FL</b>
Zip <b>33408</b> Country <b>US</b>	Zip <b>33408</b> Country <b>US</b>

4. FEI Number <b>65-0680986</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PARKS, LARRY D. 7460 SW 130TH ST MIAMI, FL 33156</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HELMICK, ANN 4354 GALILEO AVE. JACKSONVILLE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HELMICK, ANN 450 Ocean Dr #201 Juno Beach, FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <u><i>Ann Helmick</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>8/11/04</u> <small>Date</small>	<u>9046266249</u> <small>Daytime Phone #</small>
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