

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90010 022 ***150.00

DOCUMENT # P96000085403 1. Entity Name HELSETH AND HELSETH, INC.					
Principal Place of Business 7805 IMMOKOLEE ROAD FT. PIERCE, FL 34951-9722			Mailing Address 7805 IMMOKOLEE ROAD FT. PIERCE, FL 34951-9722		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip 34951-4006 Country		City & State Zip 34951-4006 Country		4. FEI Number 65-0705704 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01222007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HELSETH, HAROLD S 7805 IMMOKOLEE ROAD FT. PIERCE, FL 34951-9722			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 34951-4006		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELSETH, BETTY P 7805 IMMOKOLEE ROAD FT. PIERCE, FL 349519722 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 34951-4006	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELSETH, BRIAN A 7805 IMMOKOLEE ROAD FT. PIERCE, FL 349519722 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4308 VILLAGE PALM LANE FT. PIERCE, FL 34946	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELSETH, CRAIG S 7805 IMMOKOLEE ROAD FT. PIERCE, FL 349519722 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 18602 MACH ONE DRIVE FT. PIERCE, FL 34987	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELSETH, HAROLD S 7805 IMMOKOLEE ROAD FT. PIERCE, FL 349519722 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 34951-4006	
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 exemptions contained in Chapter 119, 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>Harold S. Helseth HAROLD S. HELSETH</u> 1/31/07 772-461-5805 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					