

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000085641**

1. Entity Name  
**HELSETH CORPORATION**



Principal Place of Business  
**7805 IMMOKOLEE ROAD  
FT PIERCE, FL 34951-9722**

Mailing Address  
**7805 IMMOKOLEE ROAD  
FT PIERCE, FL 34951-9722**



01102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0705706**

Applied For  
Not Applicable

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

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

**HELSETH, HAROLD S  
7805 IMMOKOLEE ROAD  
FT PIERCE, FL 34951-9722**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) 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 **D**  
NAME **HELSETH, BETTY P**  
STREET ADDRESS **7805 IMMOKOLEE ROAD**  
CITY-ST-ZIP **FT PIERCE, FL 349519722**

TITLE **D**  
NAME **HELSETH, HAROLD S**  
STREET ADDRESS **7805 IMMOKOLEE ROAD**  
CITY-ST-ZIP **FT PIERCE, FL 349519722**

TITLE **D**  
NAME **HELSETH, BRIAN A.**  
STREET ADDRESS **17580 HAMMOCK LANE**  
CITY-ST-ZIP **FT. PIERCE, FL**

TITLE **D**  
NAME **HELSETH, CRAIG S.**  
STREET ADDRESS **18602 MACH ONE DRIVE**  
CITY-ST-ZIP **FT. PIERCE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000012045  
01/23/04-80063-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Harold S. Helseth* **HAROLD S. HELSETH** **1/20/04** **772-461-3800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #