

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P97000016456

1. Entity Name
HELFFERICH CORPORATION



Principal Place of Business
25 HOMESTEAD RD
SUITE 11
LEHIGH ACRES, FL 33936

Mailing Address
25 HOMESTEAD RD
SUITE 11
LEHIGH ACRES, FL 33936

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0862593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, JOHN M
8911 DANIELS PKWY STE 6
FORT MYERS, FL 33-912?

**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 reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000853453
03/26/08-80069-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HELFFERICH, FRANK
STREET ADDRESS	8911 DANIELS PKWY STE 6
CITY-ST-ZIP	FORT MYERS, FL 33912

TITLE	D
NAME	MORGAN, JOHN M
STREET ADDRESS	8911 DANIELS PKWY STE 6
CITY-ST-ZIP	FORT MYERS, FL 33912

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-08 **239-454-6572**
Date Daytime Phone #