

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021750

Entity Name: HELPERS INC.....

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

522 S.W. BADGER TER.  
PORT ST. LUCIE, FL 349532909

## Current Mailing Address:

P O BOX 9436  
PORT ST. LUCIE, FL 34985

## New Principal Place of Business:

522 S.W. BADGER TER.  
#1  
PORT ST. LUCIE, FL 349532909

## New Mailing Address:

522 S.W. BADGER TER.  
#1  
PORT ST. LUCIE, FL 349532909

FEI Number: 65-0905403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOVEDAY, ZACK  
522 S.W. BADGER TER.  
PORT ST. LUCIE, FL 349532909 US

## Name and Address of New Registered Agent:

LOVEDAY, ZACK PRES.  
522 S.W. BADGER TER.  
PORT ST. LUCIE, FL 349532909 US

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.

SIGNATURE: ZACK LOVEDAY, PRES.

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOVEDAY, ZACK  
Address: 522 SW BADGER TERR  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D ( ) Delete  
Name: LOVEDAY, LISA  
Address: 522 SW BADGER TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete  
Name: LOVEDAY, TODD  
Address: 522 SW BADGER TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete  
Name: LOVEDAY, KERI  
Address: 522 SW BADGER TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZACK LOVEDAY

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date