

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000056477

FILED  
Feb 04, 2004  
Secretary of State

Entity Name: HELPERS PLUS, INC.

## Current Principal Place of Business:

280 54TH AVE SOUTH  
SAINT PETERSBURG, FL 33705

## New Principal Place of Business:

1100 PONCE DE LEON  
301N  
CLEARWATER, FL 33756 US

## Current Mailing Address:

PO BOX 590  
ST. PETERSBURG, FL 337310590

## New Mailing Address:

1100 PONCE DE LEON  
301N  
CLEARWATER, FL 33756 US

FEI Number: 59-3585419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEVENS, LUCIA D  
780 54TH AVE. SOUTH  
ST. PETERSBURG, FL 33705 US

## Name and Address of New Registered Agent:

STEVENS, LUCIA D  
1100 PONCE DE LEON  
301 N  
CLEARWATER, FL 33756 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:

02/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STEVENS, LUCIA D  
Address: 280 54TH AVE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: SD (X) Delete  
Name: HOGAN, ROBIN G  
Address: 507 64TH AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: STEVENS, LUCIA D  
Address: 1100 PONCE DE LEON  
City-St-Zip: CLEARWATER, FL 33756 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUCIA D. STEVENS

P

02/04/2004

Electronic Signature of Signing Officer or Director

Date