

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000102420

1. Entity Name
HELMAG MANAGEMENT, INC.



Principal Place of Business
28341 S. TAMiami TRAIL, SUITE 1
BONITA SPRINGS, FL 34134

Mailing Address
28341 S. TAMiami TRAIL, SUITE 1
BONITA SPRINGS, FL 34134



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3607883

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, CHRISTINE F
4427 S.E. 16TH PLACE, #2
CAPE CORAL, FL 33904

**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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HOFFMANN, HELGE
4901 TAMiami TRAIL NORTH
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
HOFFMANN, MAGGY
4901 TAMiami TRAIL NORTH
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HANSEN, GERD
4901 TAMiami TRAIL NORTH
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HENSON, CHRISTINE
28341 S. TAMiami TRAIL, SUITE 1
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LUKE, THOMAS J
28341 S. TAMiami TRAIL, SUITE 1
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Christine Henson Vice Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE HENSEN

Date

Daytime Phone #

4/22/05 239.390.0991