

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90212 013 ***150.00

DOCUMENT # P99000102420

1. Entity Name
HELMAG MANAGEMENT, INC.



Principal Place of Business

8881 Terrene Ct. Suite 104
Bonita Springs, FL 34135

Mailing Address

P.O. Box 2311
Bonita Springs, FL 34133

60032864



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3607883

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HOFFMANN, HELGE
STREET ADDRESS	4901 TAMiami TRAIL NORTH
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VSD
NAME	HOFFMANN, MAGGY
STREET ADDRESS	4901 TAMiami TRAIL NORTH
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VD
NAME	HANSEN, GERD
STREET ADDRESS	4901 TAMiami TRAIL NORTH
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VP
NAME	HENSON, CHRISTINE
STREET ADDRESS	28341 S. TAMiami TRAIL, SUITE 1
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VP
NAME	LUKE, THOMAS J
STREET ADDRESS	28341 S. TAMiami TRAIL, SUITE 1
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
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 an other like empowered.

SIGNATURE:

Thomas J. Luke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06
Date

239-390-0991
Daytime Phone #