

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109704

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Entity Name:** A+ HELPING HANDS FOR FAMILIES INC.

**Current Principal Place of Business:**

3228 TINA MARIE DR  
ZEPHYRHILLS, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

3228 TINA MARIE DR  
ZEPHYRHILLS, FL 33543

**New Mailing Address:**

FEI Number: 59-3616240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAIDA, DEBRA J  
3409 WHITTIER ST.  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

MAIDA, DEBRA J  
3228 TINA MARIE DR.  
ZEPHYRHILLS, FL 33543 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: DEBRA MAIDA

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: OD ( ) Delete  
Name: MAIDA, DEBRA  
Address: 3228 TINA MARIE DR  
City-St-Zip: ZEPHYRHILLS, FL 33543

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DEBRA MAIDA

OD

04/28/2005

Electronic Signature of Signing Officer or Director

Date