

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S17775

FILED  
Mar 11, 2011  
Secretary of State

**Entity Name:** HELM FERTILIZER CORPORATION (FLORIDA)

**Current Principal Place of Business:**

4042 PARK OAKS BLVD., STE 330  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

4042 PARK OAKS BLVD., STE 330  
TAMPA, FL 33610 US

**New Mailing Address:**

FEI Number: 23-2393637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, DALE A MR  
4042 PARK OAKS BLVD  
SUITE 330  
TAMPA, FL 33610 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DETERING, RAINER  
Address: 4042 PARK OAKS BLVD  
City-St-Zip: TAMPA, FL 33610 US

Title: P  
Name: MILLER, DALE  
Address: 4042 PARK OAKS BLVD  
City-St-Zip: TAMPA, FL 33610 US

Title: T  
Name: MOHATT, MIKE  
Address: 4042 PARK OAKS BLVD  
City-St-Zip: TAMPA, FL 33610 US

Title: D  
Name: MILLER, DALE  
Address: 4042 PARK OAKS BLVD  
City-St-Zip: TAMPA, FL 33610 US

I hereby 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 all other like empowered.

SIGNATURE: MIKE MOHATT

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03/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date