

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000075821

**Entity Name:** HELICON FOUNDATION REPAIR SYSTEMS, INC.

**Current Principal Place of Business:**

11103 NORTH 46TH STREET  
BUILDING B  
TAMPA, FL 33617

**Current Mailing Address:**

P.O. BOX 280031  
TAMPA, FL 33682

**FEI Number:** 20-2665416

**Certificate of Status Desired:** Yes

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

SMITH, KEITH CESQ.  
121 NORTH COLLINS STREET  
PLANT CITY, FL 33563 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SILVER, JAY D  
Address P.O. BOX 280031  
City-State-Zip: TAMPA FL 33682

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:** JAY SILVER

**MANAGER**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date