


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000060649
 1. Entity Name
 ATLANTIC COAST HELICOPTERS, INC.



Principal Place of Business Mailing Address
 5065 HIGHWAY A1A 5065 HIGHWAY A1A
 VERO BEACH, FL 32963 VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 58-2478093 Not Applicable

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

6. Name and Address of Current Registered Agent
 PANZA, THOMAS F ESQ
 C/O PANZA, MAURER & MAYNARD, PA
 3600 NO. FEDERAL HWY, 3RD FLOOR
 FT LAUDERDALE, FL 33308

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000092888
 03/19/04-BD027-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SNOWDEN, GUY B 5065 HIGHWAY A1A VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SNOWDEN, DIANE P 5065 HIGHWAY A1A VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MALIKOW, LOUIS R 5065 HIGHWAY A1A VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TAYLOR, JOHN E 5065 HIGHWAY A1A VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR