

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 438878

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: BRAINERD HELICOPTERS, INC.

## Current Principal Place of Business:

8850 AIRPORT BLVD  
LEESBURG, FL 347884002 US

## New Principal Place of Business:

## Current Mailing Address:

8850 AIRPORT BLVD  
LEESBURG, FL 347884002 US

## New Mailing Address:

FEI Number: 59-1501748      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BRAINERD, CHARLES M III  
19643 DORR ROAD  
ALTOONA, FL 32702 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: BRAINERD, CHARLES M III  
Address: 19643 DORR ROAD  
City-St-Zip: ALTOONA, FL 32702 US

Title: S ( ) Delete  
Name: BRAINERD, BARBARA E  
Address: 19643 DORR RD.  
City-St-Zip: ALTOONA, FL 32702 US

Title: T ( ) Delete  
Name: FINK, ROGER E  
Address: 12123 NEST COURT  
City-St-Zip: GRAND ISLAND, FL 32735 US

Title: V ( ) Delete  
Name: BRAINERD, BART J  
Address: 36710 NIGHT WIND COURT  
City-St-Zip: GRAND ISLAND, FL 32735 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: BRAINERD, JASON C  
Address: 12908 HONEY BLOSSOM LANE  
City-St-Zip: GRAND ISLAND, FL 32735 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA E BRAINERD

S

04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date