## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 

## Feb 23, 2004 8:00 am **Secretary of State DOCUMENT # F03000003138** 02-23-2004 90056 021 \*\*\*150.00 HELI-DYNE SYSTEMS, INC. Principal Place of Business Mailing Address 9000 TRINITY BLVD. P.O. BOX 966 HURST, TX 76053 HURST, TX 76053 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 75-2303691 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Channe ☐ Addition NAME SHAULIS, FRED NAME STREET ADDRESS **57 ALLEGHENY AIRPORT** STREET ADDRESS CITY-ST-ZIP WEST MIFFLIN, PA 15122 CITY-ST-ZIP TITI F Delete ☐ Change ☐ Addition NAME URBAN, PETE NAME STREET ADDRESS 57 ALLEGHENY AIRPORT STREET ADDRESS CITY-ST-ZIP WEST MIFFLIN, PA 15122 CITY-ST-ZIP Tm F Delete ☐ Change ■ Addition NAME WATKINS, CHARLES NAME\_ STREET ADDRESS **57 ALLEGHENY AIRPORT** STREET ADDRESS CITY-ST-ZIP WEST MIFFLIN, PA 15122 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME TITUS, ROBERT STREET ADDRESS 57 ALL EGHENY AIRPORT STREET ADDRESS CITY-ST-ZIP WEST MIFFLIN, PA 15122 CITY-ST-ZIP TITLE **Delete** TITLE ☐ Change ☐ Addition NAME MULLINS, J.M. NAME STREET ADDRESS 9000 TRINITY BLVD. STREET ADDRESS CITY-ST-ZIP HURST, TX 76053 CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 end to the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or posted 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.

FILED