2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000005284

1. Entity Name
CARSON HELICOPTERS, INC.

Principal Place of Business	Mailing Address
952 BLOOMING GLEN ROAD PERKASIE, PA 18944	952 BLOOMING GLEN ROAD PERKASIE, PA 18944

DO NOT WRITE IN THIS SPACE

01082008. No Chg-P CR2E034 (11/05)

4. FEI Number
23-1538917
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	CARSON, FRANKLIN
STREET ADDRESS	933 STREET ROAD
CITY-ST-ZIP	NEW HOPE, PA 18938
TITLE	V
NAME	HILL, JEFFERY R
STREET ADDRESS	522 WELCOME HOUSE ROAD
CITY-ST-ZIP	PERKASIE, PA 18944
TITLE	V
NAME	METHENY, STEVEN D
STREET ADDRESS	6143 TAMARACK LANE
CITY-ST-ZIP	CENTRAL POINT, OR 97502
TITLE	S
NAME	ZIEGLER-CARSON, TERRIL
STREET ADDRESS	933 STREET ROAD
CITY-ST-ZIP	NEW HOPE, PA 18938
TITLE	T
NAME	DAVIS, JOHN A
STREET ADDRESS	2536 DARTMOUTH WOODS ROAD
CITY-ST-ZIP	WILMINGTON, DE 19810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/08-80032-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John A. Davis TREASURER 1/8/2008 215-749-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN A. DAVIS