


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90039 036 ***150.00

DOCUMENT # G29065 1. Entity Name HELIFLIGHT, INC.			
Principal Place of Business 2675 N.W. 56TH ST., HANGAR 51 FT. LAUDERDALE FL 33309		Mailing Address 2675 N.W. 56TH ST., HANGAR 51 FT. LAUDERDALE FL 33309	
2. Principal Place of Business 2675 N.W. 56th Street Suite, Apt. #, etc. Hangar # 51 City & State Fort Lauderdale, Florida Zip 33309 Country usa		3. Mailing Address 2011 S. Perimeter Road Suite, Apt. #, etc. Suite L City & State Ft. Lauderdale, Florida Zip 33309 Country USA	
4. FEI Number 59-2261143		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOTTOMLEY, WILLIAM 2675 NW56TH ST FORT LAUDERDALE FL 33309		7. Name and Address of New Registered Agent Name Guillermo Carabajal Street Address (P.O. Box Number is Not Acceptable) 2011 South Perimeter Road Suite L City Fort Lauderdale FL Zip Code 33309	
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 <u>Guillermo Carabajal</u> DATE <u>2-25-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOTTOMLEY, WILLIAM 2675 NW 35TH ST #51 FORT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	Guillermo Carabajal 2011 South Perimeter Road Suite L Fort Lauderdale, Florida 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Guillermo Carabajal</u>		Date <u>2-25-05</u> Daytime Phone # <u>954-491-5071</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	