

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G91986

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: HELICOPTER CLUB OF ST. PETERSBURG, INC.

**Current Principal Place of Business:**

530 62 AVE S.  
ST PETERSBURG, FL 33705

**New Principal Place of Business:**

530 62 AVE S  
ST PETERSBURG, FL 33705

**Current Mailing Address:**

530 62 AVE S.  
ST PETERSBURG, FL 33705

**New Mailing Address:**

530 62 AVE S  
ST PETERSBURG, FL 33705

FEI Number: 59-2384762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VOLLMER, LYNN T.  
530 - 62ND AVE S  
ST PETERSBURG, FL 33705 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: DPT ( ) Delete  
Name: VOLLMER, LYNN T.  
Address: 530 62ND AVE S.  
City-St-Zip: ST PETERSBURG, FL 33705

Title: VS ( ) Delete  
Name: VOLLMER, MARY M.  
Address: 530 62 AVE S.  
City-St-Zip: ST.PETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: LYNN T. VOLLMER

PRES

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date