


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90031 028 ***150.00

DOCUMENT # L37540	
1. Entity Name JET COPTERS, INC.	

Principal Place of Business PO BOX 3069 BELLEVIEW, FL 34421	Mailing Address PO BOX 3069 BELLEVIEW, FL 34421
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01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0159514	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	
MACKEY, KEITH J. 2675 N.W. 56TH ST. EXECUTIVE AIRPORT, HANGAR 51 FORT LAUDERDALE, FL 33309	<i>9000 SE 70th Ave Deerfield FL 34472</i>

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MACKEY, KEITH J. 2675 N.W. 56TH ST. FORT LAUDERDALE, FL <i>P.O. Box 3069 Belleview FL 34421</i>
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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: *[Signature]* **KEITH MACKEY** *3/15/04* *(352) 347-0710*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #