

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L70865

FILED
Jul 08, 2008
Secretary of State

Entity Name: HMC HELICOPTER SERVICE, INC.

Current Principal Place of Business:

14532 SW 129 ST
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

14532 SW 129 ST
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0205519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FREEMAN, GARY
14871 SW 155 TERR
MIAMI, FL 33186 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FREEMAN, GARY J
Address: 14532 SW 129 ST
City-St-Zip: MIAMI, FL 33186

Title: PRES () Delete
Name: BAGWELL, RODGER D
Address: 430 N. EOLA ROAD
City-St-Zip: BROUSSARD, LA 70518 US

Title: PRES () Delete
Name: MARKS, LLOYD L
Address: 430 N. EOLA ROAD
City-St-Zip: BROUSSARD, LA 70518 US

Title: CFO () Delete
Name: MONTGOMERY, ERIC W
Address: 430 N. EOLA ROAD
City-St-Zip: BROUSSARD, LA 70518 US

Title: VP () Delete
Name: ZANARINI, JEFF D
Address: 430 N. EOLA ROAD
City-St-Zip: BROUSSARD, LA 70518 US

Title: VP () Delete
Name: GUIRARD, KEELY G
Address: 430 N. EOLA ROAD
City-St-Zip: BROUSSARD, LA 70518 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GARY FREEMAN

VP

07/08/2008

Electronic Signature of Signing Officer or Director

Date