

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L70865

FILED  
Apr 13, 2011  
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 ( )

**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

**OFFICERS AND DIRECTORS:**

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

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

Title: VP  
Name: PREWITT, DAVID  
Address: 430 N. EOLA ROAD  
City-St-Zip: BROUSSARD, LA 70518 US

Title: VP  
Name: BRETT, L'ESPERANCE  
Address: 430 N. EOLA ROAD  
City-St-Zip: BROUSSARD, LA 70518 US

I hereby 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 all other like empowered.

SIGNATURE: GARY FREEMAN

VP

04/13/2011

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

\_\_\_\_\_  
Date