

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90317 026 \*\*\*150.00

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03292004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # M72544</b> 1. Entity Name <b>HELI-TECH, INC.</b>					
Principal Place of Business <b>3621 FRANKFORD AVENUE</b> <b>PANAMA CITY, FL 32405 US</b>			Mailing Address <b>3621 FRANKFORD AVE.</b> <b>PANAMA CITY, FL 32405 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2884928</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>POPE, CRANSTON H LLM</b> <b>438 N COVE BLVD</b> <b>PANAMA CITY, FL 32401</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P THRASHER, KENNEN J <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4405 DE LEN DR		NAME		
STREET ADDRESS	PANAMA CITY, FL 32404		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V THRASHER, JAMES G <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1818 AIRPORT CIR		NAME		
STREET ADDRESS	PANAMA CITY, FL 32405		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TS THRASHER, ANA M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4405 DE LEN DRIVE		NAME		
STREET ADDRESS	PANAMA CITY, FL 32404		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			<b>Kennen J. Thrasher</b> 4/30/04 850-763-9000 Date Daytime Phone #		