## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000054703

1. Entity Name

UNITED HELICOPTER CORPORATION



Principal Place of Business

5870 DOVE ST. SARASOTA, FL 34241 Mailing Address

5870 DOVE ST. SARASOTA, FL 34241

## FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90409 014 \*\*\*150.00

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03092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1020751 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

EVANS, SIDNEY M 5870 DOVE ST. 4. SARASOTA, FL 34241

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the p cions of registered agent.	urpose of changing its register	red office or register	red agent, or both, in the Sta	ite of Florida. I am familiar wi	th, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title in	f applicable. (NOTE: Registere	ed Agent signature required	d when reinstating)	DATE	<del></del>
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST EVANS, SIDNEY M 5870 DOVE ST SARASOTA, FL 34241					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP	_			DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING

4-27-04

941-379-529

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Daytime Phone #