


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000085856	
1. Entity Name TRICOPTER INC.	

Principal Place of Business 433 W. NEW ENGLAND AVE., #208 WINTER PARK, FL 32789 US	Mailing Address P. O. BOX 160941 ALTAMONTE SPRINGS, FL 32716-0941 US
--	--

DO NOT WRITE IN THIS SPACE

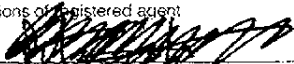



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3666291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CENTOFANTE, PETER D 433 W. NEW ENGLAND AVE, #208 WINTER PARK, FL 32789

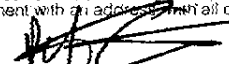
DO NOT WRITE
IN THIS SPACE

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, the registered agent.	
SIGNATURE:  ABOVE IS SAME	DATE: 
<small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	

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	U00000090642 03/17/04-80027-012 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CENTOFANTE, PETER 433 W. NEW ENGLAND AVE, #208 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, NATHAN 433 W. NEW ENGLAND AVE, #208 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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, and all other like empowered.	
SIGNATURE: 	DATE: 3/18/04 407-578-2130
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	