

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000085856

1. Entity Name
TRICOPTER INC.



Principal Place of Business

**974 PINELLI ST.
ORLANDO, FL 32803 US**

Mailing Address

**P. O. BOX 160941
ALTAMONTE SPRINGS, FL 32716-0941 US**



02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3666291

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CENTOFANTE, PETER D
974 PINELLI ST
ORLANDO, FL 32803**

**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 registered agent.

SIGNATURE

[Signature]

Signature of individual or printed name of registered agent and title if applicable.

Peter D. Centofante

(NOTE: Registered Agent signature required when amending)

2/16/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000442799
03/04/06-80034-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CENTOFANTE, PETER
STREET ADDRESS	974 PINELLI ST
CITY- ST- ZIP	ORLANDO, FL 32789
TITLE	D
NAME	CLARK, NATHAN
STREET ADDRESS	910 S MYRTLE AVENUE
CITY- ST- ZIP	SANFORD, FL 32771
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 exemptions contained 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06

Date

321-278-4451

Daytime Phone #