

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90006 016 \*\*\*150.00

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03012007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P00000107991</b> 1. Entity Name <b>HELICOPTERS OF NORTHWEST FLORIDA, INC.</b>																													
Principal Place of Business <b>8494 NAVARRE PARKWAY NAVARRE, FL 32566</b>			Mailing Address <b>8494 NAVARRE PARKWAY NAVARRE, FL 32566</b>																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number <b>59-3692799</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>FLEMING, EDWARD P 4300 BAYOU BOULEVARD SUITE 13 PENSACOLA, FL 32503</b>				7. Name and Address of New Registered Agent Name <b>William A. Pullum</b> Street Address (P.O. Box Number is Not Acceptable) <b>8494 Navarre Parkway</b> City <b>Navarre</b> <b>FL</b> Zip Code <b>32566</b>																									
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 <b>William A. Pullum</b> <b>3/5/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>																										
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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: <b>William A. Pullum, Pres. 3/5/07 850-939-2363</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													