

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000107991

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** HELICOPTERS OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

8494 NAVARRE PARKWAY  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

8494 NAVARRE PARKWAY  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 59-3692799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PULLUM, WILLIAM  
8494 NAVARRE PARKWAY  
NAVARRE, FL 32566 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PULLUM, WILLIAM A  
Address: 8494 NAVARRE PARKWAY  
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM A. PULLUM

PRES

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date