


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 08, 2004 8:00 am  
Secretary of State

03-08-2004 90039 026 \*\*\*150.00

<b>DOCUMENT # P01000102451</b> 1. Entity Name DUTCH COUNTRY HELICOPTERS, INC.					
Principal Place of Business 3405 N W 9TH AVENUE, #1201 FT. LAUDERDALE, FL 33309			Mailing Address 3405 N W 9TH AVENUE, #1201 FT. LAUDERDALE, FL 33309		
2. Principal Place of Business 871W. OAKLAND PARK BLVD			3. Mailing Address 500 AIRPORT ROAD		
Suite, Apt. #, etc.			Suite, Apt. #, etc. SUITE T		
City & State FT LAUDERDALE			City & State LITITZ PA		
Zip 33311		Country USA		Zip 17543	
Country USA		4. FEI Number 65-1146479			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  GREENE, ELLIOT 3405 N W 9TH AVENUE, #1201 FT. LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent  Name GREENE, ELLIOT Street Address (P.O. Box Number is Not acceptable) 871W. OAKLAND PARK BOULEVARD City FT. LAUDERDALE FL Zip Code 33311		
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 <u>GREENE, ELLIOT</u> DATE <u>2/23/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INCH, TERENCE 3405 N W 9TH AVENUE, #1201 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INCH TERENCE 500 AIRPORT ROAD, SUITE T, LITITZ PA 17543	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/23/2004</u> Daytime Phone #		

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