


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90023 027 \*\*\*150.00

<b>DOCUMENT # P02000033492</b> 1. Entity Name AG COPTERS, INC.	
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Principal Place of Business 2971 SE TAIL WINDS ROAD JUPITER, FL 33478	Mailing Address 2971 SE TAIL WINDS ROAD JUPITER, FL 33478
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**DO NOT WRITE IN THIS SPACE**



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0416049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LEON, FRANCISCO E  
2971 SE TAIL WINDS ROAD  
JUPITER, FL 33478

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, FRANCISCO E 2971 SE TAIL WINDS ROAD JUPITER, FL 33478
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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:**  **Francisco E. Leon** 3/6/04 561-746 0206  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #