

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000040884

1. Entity Name
HELICART, INC.



Principal Place of Business
**4424 CORPORATE SQUARE
NAPLES, FL 34104 US**

Mailing Address
**4424 CORPORATE SQUARE
NAPLES, FL 34104 US**



DO NOT WRITE IN THIS SPACE

04132005- No Chg-P CR2E034 (10/03)

4. FEI Number
04-3643247

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARSH, MICHAEL
4424 CORPORATE SQUARE
NAPLES, FL 34104**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000345697
04/30/05-80046-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MARSH, MICHAEL
4424 CORPORATE SQUARE
NAPLES, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
BURTSCHER, ANTON
123 SAN SALVADOR ST.
NAPLES, FL 34113**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Michael Marsh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 239-289-6481
Date Daytime Phone #