

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
May 12, 2004 8:00 am
Secretary of State

04-20-2004 90030 031 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000068839					
1. Entity Name OCALA HELICOPTERS, INC.					
Principal Place of Business 12251 N.W. 35TH STREET OCALA FL 34482			Mailing Address 12251 N.W. 35TH STREET OCALA FL 34482		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 14-1888756	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROGERS, PETER D 12251 N.W. 35TH STREET OCALA FL 34482				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D		TITLE		
NAME	ROGERS, PETER D		NAME		
STREET ADDRESS	12251 N.W. 35TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34482		CITY-ST-ZIP		
TITLE	VST		TITLE		
NAME	Rogers, Sherrie J.		NAME		
STREET ADDRESS	12251 NW 35th St.		STREET ADDRESS		
CITY-ST-ZIP	Ocala, Fla. 34482		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Sherrie Rogers</i> 4/12/04 352-351-2827					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					