

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 24, 2006 08:00 AM
Secretary of State

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

4. FEI Number
14-1888756

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGERS, PETER D
12251 N.W. 35TH STREET
OCALA FL 34482

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ROGERS, PETER D**
STREET ADDRESS **12251 N.W. 35TH STREET**
CITY-ST-ZIP **OCALA FL 34482**

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS **U00000527447**
CITY-ST-ZIP **05/04/06-80114-010 150.00**

TITLE **VST** ☐ Delete
NAME **ROGERS, SHERRIE J**
STREET ADDRESS **12251 NW 35TH STREET**
CITY-ST-ZIP **OCALA FL 34482**

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

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NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06

(352) 239-2254

Daytime Phone #