

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000025007

1. Entity Name
HELICOPTER LOGISTICS, INC.



Principal Place of Business
1053 E BRANDON BLVD
BRANDON, FL 33511 US

Mailing Address
~~R 2 BOX 6898~~
~~BRANDON FL 33508-8000 US~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1053 E BRANDON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BRANDON, FL 33511

Zip

Country

Zip

Country

08062007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-4466778

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, REBECCA J
1053 E BRANDON BLVD
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name
GREGORY A. WATERS
Street Address (P.O. Box Number is Not Acceptable)
1053 E. BRANDON BLVD.
City
BRANDON FL Zip Code
33511

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

G. A. Waters
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-1-7
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HOFFMAN, REBECCA J
6510 SUNRIDGE DRIVE
RIVERVIEW, FL 33569 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GREGORY A. WATERS
1053 E. BRANDON BLVD.
BRANDON, FL 33511 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800108202588
08/16/07--01047--011 **\$61.25

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

8-1-7
Date

813-655-6300
Daytime Phone #

FILED

07 AUG -8 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

