



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P06000100050 |  |
| 1. Entity Name HELIXPRO INC. | |

| | |
|--|--|
| Principal Place of Business 3999 CORTEZ ROAD BRADENTON, FL 34210 | Mailing Address 3999 CORTEZ ROAD BRADENTON, FL 34210 |
|--|--|

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 20-5265963 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent CHORBA, DANIEL E 3795 41ST LANE SOUTH UNIT 68-B ST. PETERSBURG, FL 33711 | 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 _____
Signature, typed or printed name of registered agent and title if applicable.

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE P | CHORBA, DANIEL E 3795 41ST LANE SOUTH UNIT 68-B ST PETERSBURG, FL 33711 |
| TITLE V | CHORBA SR, THOMAS E 7798 ELBERTA DRIVE SEVERN, MD 211441023 |
| TITLE ST | CHORBA, BERNICE H 7798 ELBERTA DRIVE SEVERN, MD 211441023 |
| TITLE | |
| TITLE | |
| TITLE | |

**DO NOT WRITE
IN THIS SPACE**

U00000777656
01/10/08-80016-016 150.00

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: THOMAS E. CHORBA SR., VP **4/7/08 941-792-1302**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #