

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39261

Entity Name: HELICOPTER APPLICATORS, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

1670 YORK RD
GETTYSBURG, PA 17325 US

New Principal Place of Business:

Current Mailing Address:

1670 YORK RD
GETTYSBURG, PA 17325 US

New Mailing Address:

FEI Number: 52-1005852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAGE, MICHAEL
AIRGLADES AIRPORT
3200 AIRGLADES BLVD
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

PAGE, MICHAEL
C/O AIRGLADES AIRPORT
3200 AIRGLADES BLVD
CLEWISTON, FL 33440 US

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.

SIGNATURE: _____

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MARTIN, GLENN A.,
Address: 145 SACHS RD.
City-St-Zip: GETTYSBURG, PA

Title: P () Delete
Name: PAGE, MICHAEL W.,
Address: 2211 CANADA HILL RD.
City-St-Zip: MYERSVILLE, MD

Title: S () Delete
Name: MARTIN, KIRK A
Address: 125 KINSEY DR.
City-St-Zip: GETTYSBURG, PA 17325

Title: T () Delete
Name: MARTIN, KIRK A
Address: 125 KINSEY DR.
City-St-Zip: GETTYSBURG, PA 17325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN A. MARTIN

VP

01/19/2009

Electronic Signature of Signing Officer or Director

Date