



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90831 012 ***150.00

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|---|--|---|---|---|--|
| DOCUMENT # P96000087027 | | | |  | |
| 1. Entity Name EASTERN SHORE HELICOPTERS, INC. | | | | | |
| Principal Place of Business 6090 STATE RD 80 W ALVA, FL 33920 | | | Mailing Address 6090 STATE RD 80 W ALVA, FL 33920 | | |
| 2. Principal Place of Business - No P.O. Box # 6090 State Rd 80 W | | 3. Mailing Address 6090 State Rd 80 W | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03122007 Chg-P CR2E034 (12/06) | |
| City & State Labelle FL | | City & State Labelle FL | | 4. FEI Number 65-0701753 | |
| Zip 33935 | | Country Hendry | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SHULTS, MICHAEL LEO 6118 SR 80 WEST ALVA, FL 33920 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <u>Labelle FL</u> FL Zip Code <u>33935</u> | | |
| 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 <u>[Signature]</u> <u>President</u> <u>4-27-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHULTS, MICHAEL L 6118 SR 80 WEST ALVA, FL 33920 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <u>Labelle FL 33935</u> | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ELAM-SHULTS, BETHENY 6118 SR 80 WEST ALVA, FL 33920 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <u>Labelle FL 33935</u> | |
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| 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: <u>[Signature]</u> <u>President</u> <u>4-27-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |