


FILED
Mar 03, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000046848		
1. Entity Name HEYWOOD HELICOPTERS, INC.		
Principal Place of Business 3003 S. FLORIDA AVE STE 201 LAKELAND, FL 33803	Mailing Address 3003 S. FLORIDA AVE STE 201 LAKELAND, FL 33803	
DO NOT WRITE IN THIS SPACE		
		02242005 No Chg-P CR2E034 (10/03)
4. FEI Number 58-2328114		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 BELCHER, JAMES M 3000 SOUTH FLORIDA AVE STE 201 LAKELAND, FL 33803		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P BELCHER, JAMES M 4313 FOREST HILLS DRIVE LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKELVEY, JOHN 5925 IMPERIAL PKWY MULBERRY, FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, vote or filing like empowered.		
SIGNATURE: 		8/28/05 803/687-9227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date