

2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90138 043 ***150.00

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03092006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000084755					
1. Entity Name INTERVEST HELICOPTERS, INC.					
Principal Place of Business 4467 HOLDEN RD. LAKELAND, FL 33811			Mailing Address 4467 HOLDEN RD. LAKELAND, FL 33811		
2. Principal Place of Business 6510 SUNRIDGE DR.		3. Mailing Address P. O. BOX 6355			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State RIVERVIEW, FL		City & State BRANDON, FL		4. FEI Number 59-3535663	
Zip 33569		Country		Applied For Not Applicable	
Zip 33569		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOARDMAN, MICHAEL A 926 COWART RD. PLANT CITY, FL 33567			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 406 CITRUSWOOD LANE City VALRICO FL Zip Code 33594		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P BOARDMAN, MICHAEL A 4467 HOLDEN ROAD LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	406 CITRUSWOOD LANE VALRICO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			314-6 813-681-0085		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		