

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000097812

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** O'BRIEN HELICOPTERS, INC.

**Current Principal Place of Business:**

32 CALVIN AVENUE  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

32 CALVIN AVENUE  
LEHIGH ACRES, FL 33936 US

**Current Mailing Address:**

32 CALVIN AVENUE  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

32 CALVIN AVENUE  
LEHIGH ACRES, FL 33936 US

**FEI Number:** 65-0913694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OBRIEN, JARLATH  
32 CALVIN AVENUE  
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

OBRIEN, JARLATH MR  
32 CALVIN AVENUE  
LEHIGH ACRES, FL 33936 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: JARLATH OBRIEN

01/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: OBRIEN, JARLATH  
Address: 32 CALVIN AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33936 US

I hereby 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 all other like empowered.

SIGNATURE: JARLATH OBRIEN

MR

01/27/2012

Electronic Signature of Signing Officer or Director

Date