

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # P99000005482

1. Entity Name
PEC HELICOPTER SERVICE, INC.



Principal Place of Business
501 S. FLAGLER DRIVE
SUITE 303
WEST PALM BEACH, FL 33401

Mailing Address
501 S. FLAGLER DRIVE
SUITE 303
WEST PALM BEACH, FL 33401



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0896859	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JONES FOSTER SERVICE, LLC
501 S. FLAGLER DRIVE
SUITE 303
WEST PALM BEACH, FL 33401

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000842219
03/11/08-80061-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MURRAY, DICKRON E 501 S. FLAGLER DRIVE WEST PALM BEACH, FL 33401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DREYFOOS, ALEXANDER W JR 501 S. FLAGLER DRIVE WEST PALM BEACH, FL 33401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DREYFOOS, RENATE E 501 S. FLAGLER DRIVE WEST PALM BEACH, FL 33401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dickron E Murray

2-25-08

Date

561-650-0309

Daytime Phone #