2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000107598

1. Entity Name
KILPATRICK HELICOPTERS, INC.

Principal Place of Business	Mailing Address
1880 KILPATRICK DRIVE NW MOORE HAVEN, FL 33471	1880 KILPATRICK DRIVE NW MOORE HAVEN, FL 33471

DO NOT WRITE IN THIS SPACE

01292007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0985560	Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KILPATRICK, RUSSELL
1880 KILPATRICK DRIVE NW
MOORE HAVEN, FL 33471

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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

000000654288
03/13/07-80055-017 150.00

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	KILPATRICK, RUSSELL
STREET ADDRESS	1880 KILPATRICK DRIVE NW
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	D
NAME	KILPATRICK, RUSSELL
STREET ADDRESS	1880 KILPATRICK DRIVE NW
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

Russell Kilpatrick
President

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-07
Date

863-673-8176
Daytime Phone #