

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S93201

Entity Name: HELICORP, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

375 N MAIN ST
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P O BOX 1380
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 65-0295263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: SMITH, MILDRED K.,
Address: 15560 SR 80 SW
City-St-Zip: MOORE HAVEN, FL 33471

Title: AST (X) Delete
Name: SELPH, GLENDA B
Address: 6831 HWY 78 W.
City-St-Zip: ALVA, FL 33920

Title: V () Delete
Name: LANDAS, ROBERT W
Address: 3019 DELLWOOD TER.
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: DELUCA, MIKE,
Address: PO BOX 1380
City-St-Zip: LABELLE, FL 33975

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MIKE DELUCA

DPST

04/27/2004

Electronic Signature of Signing Officer or Director

Date