

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S93201

Entity Name: HELICORP, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

375 N MAIN ST
LABELLE, FL 33935

New Principal Place of Business:

6057 DELLWOOD TERRACE
LABELLE, FL 33935

Current Mailing Address:

P O BOX 1380
LABELLE, FL 33975 US

New Mailing Address:

P O BOX 1589
LABELLE, FL 33975 US

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: DELUCA, MIKE,
Address: PO BOX 1380
City-St-Zip: LABELLE, FL 33975

Title: V (X) 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, MICHAEL J
Address: 4451 CR 78 WEST
City-St-Zip: LABELLE, FL 33935

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: MICHAEL J DELUCA

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04/29/2005

Electronic Signature of Signing Officer or Director

Date