

ANNUAL REPORT (AR)

DOCUMENT # 722192
 1. Entity Name
KEY LARGO VOLUNTEER AMBULANCE CORPS.



FILED
Jan 31, 2006 08:00 AM
Secretary of State



Principal Place of Business Mailing Address
98600 OVERSEAS HIGHWAY **98600 OVERSEAS HIGHWAY**
KEY LARGO FL 33037 **KEY LARGO FL 33037**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-1682537** Applied For
 Not Applied

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

CULLEN, RUSSELL H JR
99228 OVERSEAS HIGHWAY
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 re-instating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BECKMANN, BRENDA			NAME			
STREET ADDRESS	98600 OVERSEAS HIGHWAY			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	STOKY, ROBERT			NAME			
STREET ADDRESS	98600 OVERSEAS HWY			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL 33037			CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	JONES, FRANKY R.			NAME			
STREET ADDRESS	98600 OVERSEAS HWY.			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	EDGE, KENNETH			NAME			
STREET ADDRESS	98600 OVERSEAS HIGHWAY			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL 33037			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	CULLEN, KAY			NAME			
STREET ADDRESS	98600 OVERSEAS HWY			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL 33037			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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.

Brenda Beckmann *2/1/06* *2006-01-31*