

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 427803

FILED
Apr 15, 2008
Secretary of State

Entity Name: VENICE AMBULANCE SERVICE, INC.

Current Principal Place of Business:

233 CENTER CT.
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

PO BOX 494317
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 59-1469493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, MICHAEL J
22093 KIMBLE AVE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

GRANT, MICHAEL J
4351 PINNACLE STREET
CHARLOTTE HARBOR, FL 33980 US

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: _____

04/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRANT, MICHAEL J
Address: 22093 KIMBLE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: GRANT, LORRAINE
Address: 22093 KIMBLE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRANT, MICHAEL J
Address: 4351 PINNACLE STREET
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: D (X) Change () Addition
Name: GRANT, LORRAINE
Address: 4351 PINNACLE STREET
City-St-Zip: CHARLOTTE HARBOR, FL 33980

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 GRANT

PD

04/15/2008

Electronic Signature of Signing Officer or Director

Date