

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005744

FILED
Jan 05, 2006
Secretary of State

Entity Name: PEACH STATE AMBULANCE, INC.

Current Principal Place of Business:

704 PRAIRIE LAKE DRIVE
FERN PARK, FL 32730

New Principal Place of Business:

Current Mailing Address:

130 PEACH STATE COURT
TYRONE, GA 30290

New Mailing Address:

FEI Number: 58-2059173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

W & P SERVICES, INC.
1936 LEE ROAD, SUITE 101
WINTER PARK, FL 32789 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: P () Delete
Name: OLSEN, JAMES
Address: 131 TULLAMORE TRAIL
City-St-Zip: TYRONE, GA 30290

Title: V () Delete
Name: TYLER, HENRY H
Address: 7964 LAKESHORE DRIVE
City-St-Zip: MCCALLA, AL 35020

Title: S () Delete
Name: OLSEN, CYNTHIA
Address: 131 TULLAMORE TRAIL
City-St-Zip: TYRONE, GA 30290

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: JAMES L. OLSON

P

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date