


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90081 025 ***150.00

DOCUMENT # F20454			
1. Entity Name CENTURY AMBULANCE SERVICE, INC.			
Principal Place of Business 2103 GILMORE ST. JACKSONVILLE, FL 32204		Mailing Address 2103 GILMORE ST. JACKSONVILLE, FL 32204	
2. Principal Place of Business 2144 Rosselle Street Suite, Apt. #, etc.		3. Mailing Address 2144 Rosselle Street Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32204		Country	
4. FEI Number 59-2060042		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent SELLERS, HERBERT S, III 6063 KINGSLEY LAKE DRIVE STARKE, FL 32091		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SELLERS, HERBERT S, III 2103 GILMORE ST. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2144 Rosselle Street Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORRELL, MARSHA 2103 GILMORE ST. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2144 Rosselle Street Jacksonville FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KOOB, KATHLEEN R. 2103 GILMORE ST. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2144 Rosselle Street Jacksonville FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SELLERS, TANA L. 2103 GILMORE ST. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2144 Rosselle Street Jacksonville FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HOPE S 2103 GILMORE STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2144 Rosselle Street Jacksonville FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAILEY, RAYMOND E 2103 GILMORE STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bailey Raymond E 2144 Rosselle Street Jacksonville FL 32204
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed; or in an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Kathleen R. Koob</u>		Date: <u>4-26-04</u> Daytime Phone #: <u>9043560835</u>	

94060411



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