


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F20454
 1. Entity Name
CENTURY AMBULANCE SERVICE, INC.



Principal Place of Business 2144 ROSSELLE ST JACKSONVILLE, FL 32204	Mailing Address 2144 ROSSELLE ST JACKSONVILLE, FL 32204
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DO NOT WRITE IN THIS SPACE



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2060042	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**SELLERS, HERBERT S, III
 6063 KINGSLEY LAKE DRIVE
 STARKE, FL 32091**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1100001464030
 03/21/06-00100-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SELLERS, HERBERT S, III 2144 ROSSELLE ST JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORRELL, MARSHA 2144 ROSSELLE ST JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KOOB, KATHLEEN R. 2144 ROSSELLE ST JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SELLERS, TANA L. 2144 ROSSELLE ST JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HOPE S 2144 ROSSELLE ST JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, RAYMOND E 2144 ROSSELLE ST JACKSONVILLE, FL 32204

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen R. Koob* *Seig Meas* *3-9-06* *904 356 0835*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #