2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# F96000006798

Entity Name: CRASH RESCUE EQUIPMENT SERVICE, INCORPORATED

Current Principal Place of Business:

3912 W ILLINOIS
DALLAS, TX 75211

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 211506
DALLAS, TX 75211

New Mailing Address:

FEI Number: 75-1410047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PADGETT, KENDALL
703 24TH SQUARE
VERO BEACH, FL 32962 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: DCST ( ) Delete
Name: RELYEA, SHARON E
Address: 3912 W ILLINOIS
City-St-Zip: DALLAS, TX 75211

Title: DP ( ) Delete
Name: RELYEA, ROBERT G
Address: 3912 W ILLINOIS
City-St-Zip: DALLAS, TX 75211

Title: D ( ) Delete
Name: NORTH, GRADY
Address: 929 YELLOWSTONE
City-St-Zip: GRAPEVINE, TX 76051

Title: D ( ) Delete
Name: JOHNSTON, RON
Address: 12000 FORD RD #112
City-St-Zip: DALLAS, TX 75234

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:

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 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 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: SHARON RELYEA DCST 04/29/2005

Electronic Signature of Signing Officer or Director Date