


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90006 037 ***550.00

DOCUMENT # G86006
 1. Entity Name
MEDICAL TRANSPORT SERVICE, INC.



Principal Place of Business Mailing Address
 1641 W GULF TO LAKE HWY P.O. BOX 2077
 SUITE A INVERNESS, FL 34451 US
 LECANTO, FL 34461 US

44052164



2. Principal Place of Business Suite. Apt. #, etc.
 3. Mailing Address Suite. Apt. #, etc.

08032004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
 59-2385385 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GAFFNEY, KAREN O. ESQ.
 452 S. PLEASANT GROVE RD.
 INVERNESS, FL 34450

7. Name and Address of New Registered Agent
 Name *Gaffney, Karen O.*
 Street Address (P.O. Box Number is Not Acceptable) *221 W. MAIN ST.*
 City *INVERNESS* FL Zip Code *34460*

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing, \$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 LONGACRE, CYNTHIA A. 665 E KNIGHTSBRIDGE PL LECANTO, FL 34461 <input type="checkbox"/> Delete.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TYNER, MARGARITE S. VASSAR AVENUE INVERNESS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONGACRE, JOHN C. 665 E KNIGHTS BRIDGE PLACE LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TYNER, JAMES RALPH VASSAR AVENUE INVERNESS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date *8-3-04* Daytime Phone # *352 527-1122*