

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86006

FILED
Mar 24, 2005
Secretary of State

Entity Name: MEDICAL TRANSPORT SERVICE, INC.

Current Principal Place of Business:

1641 W GULF TO LAKE HWY
SUITE A
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2077
INVERNESS, FL 34451 US

New Mailing Address:

FEI Number: 59-2385385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAFFNEY, KAREN O. ESQ
221 W. MAIN ST
INVERNESS, FL 34450 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: DP () Delete
Name: LONGACRE, CYNTHIA A.,
Address: 665 E KNIGHTSBRIDGE PL
City-St-Zip: LECANTO, FL 34461

Title: DV () Delete
Name: TYNER, MARGARITE S.,
Address: VASSAR AVENUE
City-St-Zip: INVERNESS, FL

Title: S () Delete
Name: LONGACRE, JOHN C.,
Address: 665 E KNIGHTS BRIDGE PLACE
City-St-Zip: LECANTO, FL 34461

Title: T () Delete
Name: TYNER, JAMES RALPH,
Address: VASSAR AVENUE
City-St-Zip: INVERNESS, FL

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: JOHN LONGACRE

SEC

03/24/2005

Electronic Signature of Signing Officer or Director

_____ Date