


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
665 E KNIGHTS BRIDGE PL 665 E KNIGHTS BRIDGE PL
LECANTO, FL 34461 US LECANTO, FL 34461 US

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2385385 Not Applicable

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

6. Name and Address of Current Registered Agent

GAFFNEY, KAREN O. ESQ
221 W. MAIN ST
INVERNESS, FL 34450

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LONGACRE, CYNTHIA A. 665 E KNIGHTSBRIDGE PL LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TYNER, MARGARITE S. VASSAR AVENUE INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONGACRE, JOHN C. 665 E KNIGHTS BRIDGE PLACE LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TYNER, JAMES RALPH VASSAR AVENUE INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000616655
02/07/07-80036-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: John Longacre Secretary John Longacre 1-9-07 352-302-3909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #