2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L48341

1. Entity Name
LIFEGUARD AIR AMBULANCE, INC.

Principal Place of Business	Mailing Address
2470 AIRPORT BLVD PENSACOLA, FL 32504 US	P.O. BOX 487 GULF BREEZE, FL 32562 US

04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2994661
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROCHE, DEBORAH
510 JAMES RIVER ROAD
GULF BREEZE, FL 32561

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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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROCHE, JOHN WILLIAM
STREET ADDRESS	510 JAMES RIVER ROAD
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	ROCHE, DEBORAH HARRELL
STREET ADDRESS	510 JAMES RIVER ROAD
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	ROCHE, THOMAS FRANCES
STREET ADDRESS	430 CUMBERLAND DR
CITY-ST-ZIP	GULF BREEZE, FL
TITLE	D
NAME	ROCHE, WILLIEMINA E
STREET ADDRESS	430 CUMBERLAND DR
CITY-ST-ZIP	GULF BREEZE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/04-80065-009 150.00

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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: JW Roche JOHN W. ROCHE 4-1-04 8504736776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #