

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90014 002 ***150.00

DOCUMENT # L48341

1. Entity Name
LIFEGUARD AIR AMBULANCE, INC.



Principal Place of Business

~~2470 AIRPORT BLVD~~
PENSACOLA, FL 32504 US

Mailing Address

P.O. BOX 487
GULF BREEZE, FL 32562 US

4211 JERRY MAYGARNER RD.

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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, WILLIE MINA 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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-06 850-473-6774

Date

Daytime Phone #