

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053538

FILED
Apr 30, 2004
Secretary of State

Entity Name: NATIONAL EMERGENCY VEHICLES, INC.

Current Principal Place of Business:

230 N ORTMAN DRIVE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

230 N ORTMAN DRIVE
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3721745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FL., INC
390 N ORANGE AVENUE SUITE 1100
ORLANDO, FL 32801 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: D () Delete
Name: CAINES, MICHAEL
Address: 230 N ORTMAN DRIVE
City-St-Zip: ORLANDO, FL 32805

Title: C () Delete
Name: PISTOLE, MICHAEL
Address: 230 N ORTMAN DRIVE
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: WITTEKAMP, JOHN
Address: 230 N ORTMAN DRIVE
City-St-Zip: ORLANDO, FL 32805

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PISTOLE, MICHAEL
Address: 230 N ORTMAN DRIVE
City-St-Zip: ORLANDO, FL 32805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CAUTHEN, LARRY E
Address: 4439 GULFWAY DRIVE
City-St-Zip: PORT ARTHUR, TX 77642 US

Title: D () Change (X) Addition
Name: BOEVER, JASON
Address: 4439 GULFWAY DRIVE
City-St-Zip: PORT ARTHUR, TX 77642 US

Title: D () Change (X) Addition
Name: CRALL, RALPH
Address: 4439 GULFWAY DRIVE
City-St-Zip: PORT ARTHUR, TX 77642 US

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: CAINES, MICHAEL

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date