


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P02000029804 1. Entity Name EAGLES WINGS MEDICAL TRANSPORT, INC. |  |
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| Principal Place of Business 4819 POSEIDON PLACE LAKE WORTH, FL 33463 | Mailing Address 4819 POSEIDON PLACE LAKE WORTH, FL 33463 |
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DO NOT WRITE IN THIS SPACE



02082004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 02-0585419 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HEFLIN, TERESA 4819 POSEIDON PLACE LAKE WORTH, FL 33463 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1100000121934 04/21/04-80007-021 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST HEFLIN, TERESA 4819 POSEIDON PLACE LAKE WORTH, FL 33463 |
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STATE COPY

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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 807, 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: TERESA HEFLIN 03-04-04 361-964-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR Date Daytime Phone #