2005 FOR PROFIT CORPORATION ANNUAL REPORT						FILED Jun 20, 2005 8:00 am Secretary of State				
1, Entity Nam	MENT # P040000					06-20-2005	-			
Principal Place of Business 221 E. GLENEAGLES RD. OCALA, FL. 34472		Mailing Address 221 E. GLENEAGLES OCALA, FL 34472	221 E. GLENEAGLES RD.			•-				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4.0.Box 616 Suite, Apt. #, etc.	8.0. Box 6169							
City & State		City & State	City & State		06172005 4. FEI Numb		CR2E034		plied For	
Zip	Country	UCALA, 1 Zip 34478	Country USA		5. Certificate	of Status Desired	m \$8	No 1.75 Add Required		
CASSIDY, MARY ANN 221 E. GLENEAGLES RD. OCALA, FL 34472				Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code						
<ol> <li>The above the obligati SIGNATURE _</li> </ol>	named entity submits this statemen ions of registered agent. Signature, typed or primed name of registered a		ts registered office o			th, in the State of Flo	FL	iliar with,	and accept	
Di	LE NOWIII FEE IS \$550.00 ue by September 7, 2005	9. Election Camp Trust Fund Con	aign Financing	\$5.0	DO May Be id to Fees					
10. TITLE NAME STREET ADORESS CITY-ST-ZIP	PRESIDENT PRESIDENT MARY AND CASSI 221 5. GLENDAGL OLALA, FL 344	65 ~ 0.	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS	CHANGES TO OFF		RECTORS Change	S IN 11	
title Name Street address City-St-21P	SECRETARY JENNIFER WARR 425 NE 1205T. BORA RATON, FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ć	] Change	Addition	
title NAME Street Address City-st-zip		🛄 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ċ	] Change	Addition	
title Name Street address City-st-Zip		🗖 Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP				C	] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · · [	] Change	Addition	
TITLE NAME Street address City-st-zip		Delete	Title Name Street address City-st-ZP			ni	C	] Change	Addition	
indicated of the cor	certify that the information supplied on this report or supplemental repor- poration or the receiver or trustee e or on an attachment with an acdrew 'URE: Signa Jan Abo TypeD	ort is true and accurate and that mpowered to execute this repo ss, with m other like empowere	t my signature shall I rt as required by Ch	have the s apter 607,	ame legal effe , Florida Statute	ct as if made under o as; and that my nam	oath; that I am e appears in 8	an officer lock 10 or	or director Block 11 if	

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LIFELINE TRANSPORTATION INC. Office: 221 E. Gleneagles Rd. Mailing: P. O. Box 6769 Ocala, FL 34472 Ocala, FL 34478 Telephone: 352-732-3165

June 17, 2005

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500
RE: 2005 For Profit Corporation Annual Report
Document # P04000052625/
Gentlemen:

On April 30, 2005 I sent in my Annual Report, but I failed to send the \$150.00 fee with it.

On May 17, 2005 your office sent me a letter stating I could avoid the late of \$400.00 if I submitted my report along with the \$150.00 filing fee by June 17, 2005, which is toady.

In accordance with your letter, I have enclosed the form along with a money order in the amount of \$150.00, and I ask that the late fee be waived as your letter stated. Thank you.

Sincerely,

Marylun Carsedo

Mary Abn Cassidy, President Lifeline Transportation Inc.

Encl:2

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