## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000026058

Entity Name: AIR-MEDICS NWF INC.

Address:

City-St-Zip:

50 BAYOU DRIVE

FORT WALTON BEACH, FL 32548

FILED Jul 17, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 50 BAYOU DRIVE FORT WALTON BEACH, FL 32548 **Current Mailing Address: New Mailing Address:** 50 BAYOU DRIVE FORT WALTON BEACH, FL 32548 FEI Number: 20-2380085 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICHARDSON, JAMES W JR 50 BAYOU DRIVE FORT WALTON BEACH, FL 32548 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CROUSSORE, JAMES L JR Name: Name: 3031 SANDY LANE Address: Address: City-St-Zip: CRESTVIEW, JR 32536 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete RICHARDSON, JAMES W JR. Name: VIA. ANOTHY Name: 613 E WILLIAMS 50 BAYOU DRIVE Address: Address: CRESTVIEW, FL 32539 FORT WALTON BEACH, FL 32547 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition LAYNE, CHARLES E Name: Name: 615 REVERE Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition RICHARDSON, JAMES W JR SWAFFORD, TIMOTHY J Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

695 ROBINSON AVE.

CRESTVIEW, FL 32539

VΡ SIGNATURE: JAMES WILLIAM RICHARDSON JR. 07/17/2006