


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000058206 1. Entry Name E-X TEAM HEAVY RESCUE, INC.	
---	---

Principal Place of Business 413 OAK PLACE BLDG 5J PORT ORANGE, FL 32127	Mailing Address 413 OAK PLACE BLDG 5J PORT ORANGE, FL 32127
---	---

DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5040294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC 8875 HIDDEN RIVER PKWY SUITE 300 TAMPA, FL 33637

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000387173 04/21/08-60003-022 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SIMUNAC, TONY 1172 SIESTA KEY CIRCLE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STEWART, ERIK 712 BEACH STREET DAYTONA BEACH, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMS, GAR 1730 13TH STREET STEAMBOAT SPRINGS, CO 80487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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:  **4-7-08** **386-760-0706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #