2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2007
Secretary of State

DOCUMENT# P06000117734

Entity Name: JACKSON TRANSPORTATION WHEELCHAIR SERVICES INC.

Current Principal Place of Business:

20255 MACON LANE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

10044 WINDING RIVER RD
PUNTA GORDA, FL 33950

Current Mailing Address:

20255 MACON LANE
PORT CHARLOTTE, FL 33952

New Mailing Address:

10044 WINDING RIVER RD
PUNTA GORDA, FL 33950

FEI Number: 41-2215428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

JACKSON, JULIE
10044 WINDING RIVER RD
PUNTA GORDA, FL 33950 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: JULIE JACKSON 07/31/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JACKSON, PATRICK
Address: 20255 MACON LANE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete
Name: WUDEL, JULIE
Address: 20255 MACON LANE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete
Name: JACKSON, RAINFORD
Address: 20255 MACON LANE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JACKSON, PATRICK
Address: 10044 WINDING RIVER RD
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Change ( ) Addition
Name: WUDEL, JULIE
Address: 10044 WINDING RIVER RD
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Change ( ) Addition
Name: JACKSON, RAINFORD
Address: 20206 MACON
City-St-Zip: PORT CHARLOTTE, FL 33952

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

SIGNATURE: JULIE JACKSON DIR 07/31/2007
Electronic Signature of Signing Officer or Director Date