

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED  
 Jul 01, 2008 8:00 am  
 Secretary of State

05-30-2008 90218 008 \*\*\*150.00

DOCUMENT # P07000102462  
 1. Entity Name  
 EMED AERO VAC SERVICE, INC.



Principal Place of Business Mailing Address  
 36 CC STREET 36 CC STREET  
 LAKE LAND, FL 33815 LAKE LAND, FL 33815

66014964



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 202 LAKE MIRIAM DRIVE P.O. Box 2476  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 W13

04142008 Chg-P CR2E034 (12/06)

City & State City & State  
 LAKE LAND FL LAKE LAND FL

4. FEI Number Applied For  
 26-1201963 Not Applicable

Zip Country Zip Country  
 33813 U.S.A. 33806 U.S.A.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DAHLE, MARK F.  
 5110 S. FLORIDA AVE., STE. 105  
 LAKE LAND, FL 33813

7. Name and Address of New Registered Agent  
 Name RICHARD C. MURPHY, JR.  
 Street Address (P.O. Box Number is Not Acceptable)  
 36 CC STREET  
 City LAKE LAND FL Zip Code 33815

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 Richard C. Murphy, Jr. (NOTE: Registered Agent signature required when remaining)  
 DATE 4/28/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, RICHARD C. JR. 36 CC STREET LAKE LAND, FL 33815 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JACQUELYN S. 427 PALMOLA LAKE LAND, FL 33803 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, JERRY M. 1501 ARIANA RD., APT. 24DD LAKE LAND, FL 33815 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITT, AMASA R. JR. NO. 5, WINDING CIRCLE VALDOSTA, GA 31602 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCK, WILLIAM E. 121 N. 20 ST. OPELIKA, AL 36801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard C. Murphy, Jr. DATE 4/29/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR