## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** May 03, 2006 8:00 am Secretary of State

DOCUMENT # P98000066674  1. Entity Name LIFEGUARD TRANSPORTATION SERVICE, INC.					05-03-2006 90245 002 ***150.00				
Principal Plac	e of Business	Mailing Address	Mailing Address			โโลหหบน			
2401 EXECU	ITIVE PLAZA	2401 EXECUTIVE PLAZA							
BUILDING 3		BUILDING 3							
PENSACOLA,	FL 32504	PENSACOLA, FL 32504		(188)		in <b>ex</b> di <b>n e</b> lili <b>a</b> el	110 1100 1100 1100	1001    (20)	
2. Principal P	Place of Business	3. Mailing Address		<del></del>					
	JERRY LMAYGARDEN RT	PO BOX 1482	2	1 188111	ST ITM EXIMATMINA MATER MATER WA	ili Bbiib Biish Bi	718 BOOK 1885 BIR	(88)     49)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	042720	06 Chg-P	CR2E0	34 (11/05)			
City & Stat		GULF BREEZE FL		4. FEI Nu			<b>├</b>	plied For	
Zip	Country		Country	59-3	523521			t Applicable	
32:50	ง4   นีเรีA	32562	USA	5. Certific	ate of Status Desired		\$8.75 Add Fee Required	itional d	
	6. Name and Address of Current			7. Name	and Address of New F	Registered /	Agent		
IECHONI	THE DICHARD E		Name						
	TH, RICHARD E RRAGONA STREET		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
PENSACOLA, FL 32502				***************************************					
			1						
			City			FL	Zip Code	9	
	named entity submits this statement for tions of registered agent.	the purpose of changing its re-	gistered affice ar r	egistered agent, o	both, in the State of FI	orida. Lam	lamiliar with,	and accept	
(ue opiiga	inoria di registered agenti.								
SIGNATURE.	Signature, typed or printed name of registered agent a	and title d annicable (NOTE: B	poistered Anent sinneture	required when reinstating	1)	DATE			
-	og and typed of printed function of the second	The sale of appropriate to the sale of the	ogise.co -gen signatur		<u>"</u>				
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.(	Financing ution.	\$5.00 May Be Added to Fees				•		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIC	NS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	ROCHE, JOHN	NAME STREET ADDRESS							
STREET ADDRESS CITY+ST-ZIP	1 - 7 7 7 7								
<u> </u>	GULF BREEZE, FL 32561	CITY-ST-ZIP				— a			
TITLE		TITLE NAME				Change	☐ Addition		
STREET ADORESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
INTE		☐ Delete	TITLE				Change	Addition	
NAME	j		NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		Delete	TITLE NAME				Change	☐ Addition	
I WANTE	1		MINIT						

CITY-ST-ZIP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not coalify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 approvered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

SI	G	N	AT	'n	R	E	:
•	•	11	~ 1	u	12	_	

STREET ADDRESS

CHY-ST-ZIP TITLE

CIFY-ST-ZIP

STREET ADDRESS

NAME STREET ADDRESS

TITLE

SIGNATURE AND TYPED OF INTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

Daytime Phone #

Date

☐ Change

Change

☐ Addition

☐ Addition