


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000096179
 1. Entity Name
 FERGUSON MEDICAL TRANSPORTATION INC



Principal Place of Business Mailing Address
 12065 LAKESHORE DRIVE PO BOX 277
 CANAL POINT, FL 33438 CANAL POINT, FL 33438-0277

DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0872938	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 HEFFERNAN, RICHARD L
 2911 E MAIN STREET
 PAHOKEE, FL 33476

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 _____ (NOTE: Registered Agent signature required when reinstating)
 U00000570020
 07/13/06-80012-015 150.00
 DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, JAMES 12065 LAKESHORE DRIVE CANAL POINT, FL 33438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, COREY 1785 DOVELAND DRIVE PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEFFERNAN, RICHARD L 2911 E MAIN ST PAHOKEE, FL 33476
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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: James Ferguson James Ferguson Pres 7/7/06 561 449-9635
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #