

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ps 1 of 3

DOCUMENT # 841983
 1. Entity Name
ATMORE AMBULANCE, INC.



FILED

04 OCT 14 PM 3:12

REINSTATEMENT
 TALLAHASSEE, FLORIDA

04



MOORE CR2E034 (4/04)

Principal Place of Business
 121 S. MAIN STREET
 ATMORE AL 36502

Mailing Address
 121 S. MAIN STREET
 ATMORE AL 36502

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **63-0707753**
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 GODWIN, RUTH T
 HWY 97
 DAVISVILLE FL

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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) DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STILL, MERRILL H	
STREET ADDRESS	121 S MAIN ST	
CITY-ST-ZIP	ATMORE AL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STILL, PAT	
STREET ADDRESS	121 S MAIN ST	
CITY-ST-ZIP	ATMORE AL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200041878922
 10/14/04--01027--007 **\$150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jatucea G. Steel 10-5-04 251-368-3003
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2063

ATMORE AMBULANCE, INC.

121 SOUTH MAIN STREET

ATMORE, ALABAMA 36502

PATRICIA STILL
Licensed PARAMEDIC

PHONE: OFFICE 368-3003
or Dial Police 368-9141
or Emerg. No. 911

To Fl. State Dept Div of Corp -

We received a card which we sent back in June to receive form. To the best of our knowledge & our accountants the form was received the week of the hurricane ^(IVAN) & already had the late fee on it - (\$50.00) We sent it to our accountant & received it back with instructions 10/5/04. This is the first form we received.

