


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Sep 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 638683
1. Entity Name
ACTION MOBILITY PRODUCTS AND SERVICES, INC.



Principal Place of Business 1925 10TH AVE N LAKE WORTH, FL 33461	Mailing Address 1925 10TH AVE N LAKE WORTH, FL 33461
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DO NOT WRITE IN THIS SPACE



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1949292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATELAAN, DONNA
1925 10TH AVE N
LAKE WORTH, FL 33461

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	PD BATELAAN, DONNA M 1925 10TH AVE N LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BATELAAN, DAVID 1925 10TH AVE N LAKE WORTH, FL
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09/08/05-80003-006 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Donna M Batelaan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____