2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004
Secretary of State

DOCUMENT# N22917

Entity Name: NATIONAL MOBILITY EQUIPMENT DEALERS ASSOCIATION, INC.

Current Principal Place of Business:

11211 N. NEBRASKA AVE
SUITE A-5
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

11211 N. NEBRASKA AVE
SUITE A-5
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-2930516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROELING, DANA L
11211 N. NEBRASKA AVE.
STE A5
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	MAY, RICHARD	
Address:	10700 KAHL MEYER DR.	
City-St-Zip:	SAINT LOUIS, MO	
Title:	DV	( ) Delete
Name:	SMITH, MARCUS	
Address:	17-900 HWY 77	
City-St-Zip:	GROSSE TETE, LA 70740	
Title:	DM	( ) Delete
Name:	ROELING, DANA L	
Address:	11211 N NEBRASKA AVE. STE A5	
City-St-Zip:	TAMPA, FL 33612	
Title:	P	( ) Delete
Name:	QUANDT, JOHN	
Address:	15 F INTERNATIONAL DR., BOX 908	
City-St-Zip:	EAST GRANBY, CT 06026	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANA L. ROELING DM 01/20/2004

Electronic Signature of Signing Officer or Director — Date