2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State
04-27-2004 90081 004 ***150.00

DOCUMENT # P02000084181

1. Entity Name
MOBILITY EXPRESS OF FRUITLAND PARK, INC.

Principal Place of Business	Mailing Address
3329 US 441 27 NORTH FRUITLAND PARK FL 34731	3329 US 441 27 NORTH FRUITLAND PARK FL 34731

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
332 US 441 27 NORTH	332 U.S 441 27 NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FRUITLAND Park, FL.	City & State: FRUITLAND Park, FL
Zip: 34731 Country: USA	Zip: 34731 Country:

4. FEI Number 55-0788999 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIBILEO, TINA
3329 US 441 27 NORTH
FRUITLAND PARK FL 34731

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 [signature] 3/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIBILEO, TINA 3329 US 441 27 NORTH FRUITLAND PARK FL 34731 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 3327 US 441/27 NORTH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] TINA M. DIBILEO 3/29/04 352-365-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #