


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P03000048793**

1. Entity Name  
**ACTION MOBILITY TRANSPORTATION PRODUCTS AND SERVICES, INC.**



Principal Place of Business <b>1925 10TH AVENUE NORTH          LAKE WORTH, FL 33460</b>	Mailing Address <b>1925 10TH AVENUE NORTH          LAKE WORTH, FL 33460</b>
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**DO NOT WRITE IN THIS SPACE**



09062005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

**BATELAAN, DONNA M  
 1925 10TH AVENUE NORTH  
 LAKE WORTH, FL 33460**

**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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BATELAAN, DONNA M 1925 10TH AVENUE NORTH LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BATELAAN, DAVID 1925 10TH AVENUE NORTH LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD00000377955  
 09/08/05-80003-005 550.00

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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: Donna M Batelaan \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #