


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P39229**  
 1. Entity Name  
**NATIONAL SEATING & MOBILITY, INC.**



Principal Place of Business      --- Mailing Address  
**5959 SHALLOW ROAD, STE 443**      **5959 SHALLOW ROAD, STE 443**  
**CHATTANOOGA, TN 37421 US**      **CHATTANOOGA, TN 37421 US**

**DO NOT WRITE IN THIS SPACE**



01092006    No Chg-P    CRZE034 (11/05)

4. FEI Number      Applied For  
**62-1400785**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE**  
**SUITE 4**  
**WESTON, FL 33331**

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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 \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	P BALLARD, WILLIAM M 377 RIVERSIDE DR. FRANKLIN, TN 37064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, WILLIAM T JR 5959 SHALLOW ROAD, STE 443 CHATTANOOGA, TN 37421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MADDOX, TIM I 377 RIVERSIDE DR. FRANKLIN, TN 37064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, ROGERS P 377 RIVERSIDE DR. FRANKLIN, TN 37064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/06-80019-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Donald T. Cicilia* DONALD T. CICILIA 03/07/06 (615) 595-1155 (Ext 20)