2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000004277

1. Entity Name
ELECTRIC MOBILITY CORPORATION

Principal Place of Business	Mailing Address
#1 MOBILITY PLAZA SEWELL, NJ 08080	#1 MOBILITY PLAZA SEWELL, NJ 08080

DO NOT WRITE IN THIS SPACE

07222004   No Chg-P   CR2E034 (10/03)

4. FEI Number 22-2414579	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

CALDWELL, RICHARD
2600 DOUGLAS RD
305
CORAL SPRINGS, FL 33134

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

DATE 8/2/04

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	FLOWERS, MICHAEL
STREET ADDRESS	591 MANTUA BLVD.
CITY-ST-ZIP	SEWELL, NJ 08080
TITLE	V
NAME	FLOWERS, GEORGE
STREET ADDRESS	591 MANTUA BLVD.
CITY-ST-ZIP	SEWELL, NJ 08080
TITLE	S
NAME	FLOWERS, SUSAN
STREET ADDRESS	591 MANTUA BLVD.
CITY-ST-ZIP	SEWELL, NJ 08080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000169415
08/05/04--80002-004 550.00

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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: _____ Michael Flowers 7-27-04 856 468 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #