2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005704

1. Entity Name
MOBILE TASK FORCE INC.

Principal Place of Business	Mailing Address
P.O. BOX 14359	P.O. BOX 14359
CINCINNATI, OH 45250	CINCINNATI, OH 45250

DO NOT WRITE IN THIS SPACE

03312005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
34-1492344	Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, THOMAS A CPA
96 NE FOURTH AVENUE
DELRAY BEACH, FL 33483

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 _____

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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	CS
NAME	SMITH, NEIL L
STREET ADDRESS	P.O. BOX 14359
CITY-ST-ZIP	CINCINNATI, OH 45250

U00000297028
04/11/05-80012-003 150.00

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TITLE	
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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: _____ NEIL L SMITH   MAR 31/05   905-335-1136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #