

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90023 044 \*\*\*150.00

DOCUMENT # F05000006547

1. Entity Name

MOBILE CAMPUS, INC.



Principal Place of Business

1204 NW 13TH STREET, SUITE 9  
GAINESVILLE FL 32601

Mailing Address

1204 NW 13TH STREET, SUITE 9  
GAINESVILLE FL 32601

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 03-0563197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON FL 33331

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, 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, 2007 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  
08 DS  
KILLIPS, C. SCOTT  
108 JAMAICA STREET  
TIBURON CA 94920 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
Elder  
2805 1st St  
Tiburon, CA 94920 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DPT  
TINGO, GEORGE  
1204 NW 13TH STREET, SUITE 9  
GAINESVILLE FL 32601 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
Director  
Weissenberger, Erich  
2 Westwood Dr.  
Haddonfield, NJ 08033-3861 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
Chairman  
LUCAS, SCOTT  
703 NARCISSUS AVENUE  
CORONA DEL MAR CA 92625 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
Director  
Jennings, Rob  
130 Palm Avenue  
San Rafael, CA 94901 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
Chief Operating Officer  
Eder, Roy  
3803 Lost Cavern Cove  
Austin, Tx 78739 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
Vice President- Finance  
Childers, Dean  
10532 Malineh Greens Dr.  
Austin, Tx 78717 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Dean J. Childers*

Dean J. Childers

2/13/07

512-472-8398 x115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #