


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K32971</b> 1. Entity Name <b>MOBILE USA INSURANCE COMPANY</b>	
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Principal Place of Business <b>7785 66TH STREET NORTH P. O. BOX 8080 PINELLAS PARK, FL 33780-8080</b>	Mailing Address <b>7785 66TH STREET NORTH P. O. BOX 8080 PINELLAS PARK, FL 33780-8080</b>
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04122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0091741</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>ELDRIDGE, P. DANIEL 7785 66TH STREET NORTH PINELLAS PARK, FL 33781</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV MEYER, T. B 506 BROOKTREE CT LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MAGUIRE, JAMES J JR 215 DRESHERTOWN ROAD FORT WASHINGTON, PA 19034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SADLER, CHARLES B. 11722 WALKER AVE SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELDRIDGE, P D 1540 GULF BLVD., #202 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KELLER, CRAIG 29 WOODCROFT ROAD HAVERTOWN, PA 19083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/21/05-80089-009 150.00

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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)(f), 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:**  **T. Bruce Meyer** 4-12-05 727-803-4471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #