


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K60932</b> 1. Entity Name <b>CUSTOM MOBILITY, INC.</b>	
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Principal Place of Business <b>7199 BRYAN DAIRY RD. SEMINOLE, FL 33777-1502</b>	Mailing Address <b>7199 BRYAN DAIRY RD. SUITE E SEMINOLE, FL 33777-1502</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01212008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2924116</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BAYES, BRUCE D. 11085 4TH STREET EAST TREASURE ISLAND, FL 33706</b>
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<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAYES, BRUCE D. 11085 4TH ST. E. SAINT PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAYES, JUDITH E. 11085 4TH ST. E. SAINT PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THOMAS, DOLIN E 12104 97TH AVE N SEMINOLE, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAYES, GARY W 9217 118TH WAY H SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000834545 02/28/08-80057-010 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2/20/08</b> <small>Date</small>	<b>727 539-8119 x 318</b> <small>Daytime Phone #</small>
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