



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90470 001 \*\*\*450.00

<b>DOCUMENT # P00000020356</b> 1. Entity Name <b>MOBILITY AUCTION, INC.</b>																													
Principal Place of Business <b>12101 N NEBRASKA AVE #B TAMPA, FL 33612</b>			Mailing Address <b>PO BOX 17481 TAMPA, FL 33682</b>																										
2. Principal Place of Business <b>8602 Temple Terrace Hwy Suite, Apt. #, etc. C-15</b>		3. Mailing Address <b>PO Box 291607 Suite, Apt. #, etc.</b>																											
City & State <b>Tampa FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>59-3630579</b>																									
Zip <b>33637</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>LOPINTO, JOSEPH 12101 N NEBRASKA AVE #B TAMPA, FL 33612</b>				7. Name and Address of New Registered Agent Name <b>LOPINTO, Joseph</b> Street Address (P.O. Box Number is Not Acceptable) <b>8602 Temple Terrace Hwy C-15</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33637</b>																									
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: <b>X Joe L Pinto</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>04/30/04</b>																													
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DPST</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOPINTO, JOSEPH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12101 N NEBRASKA AVE #B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33612</td> <td></td> </tr> </table>			TITLE	DPST	<input type="checkbox"/> Delete	NAME	LOPINTO, JOSEPH		STREET ADDRESS	12101 N NEBRASKA AVE #B		CITY-ST-ZIP	TAMPA, FL 33612		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DPST</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LOPINTO, Joseph</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8602 Temple Terrace Hwy C-15</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33637</td> <td></td> </tr> </table>			TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LOPINTO, Joseph		STREET ADDRESS	8602 Temple Terrace Hwy C-15		CITY-ST-ZIP	TAMPA FL 33637	
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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: <b>X Joe L Pinto</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/30/04</b> Daytime Phone # <b>813 989-0950</b>																									