

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022216

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** MOBILITY SUPPORT SYSTEMS, INC.

**Current Principal Place of Business:**

560 PINE ISLAND RD.  
#2  
NORTH FT. MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

560 PINE ISLAND RD.  
#2  
NORTH FT. MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** 01-0625778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCHUMANN, RAYMOND L  
27200 RIVERVIEW CENTER BLVD.  
SUITE 103  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: JOEL, COURT K  
Address: 8582 SOUTH LAKE CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: COURT JOEL

D

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date