## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000109644

FILED Apr 19, 2007 Secretary of State

Entity Name: FLORIDA MOBILE NOTARY SIGNING AGENTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 502 SE 31ST TERRACE OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** 502 SE 31ST TERRACE OCALA, FL 34471 FEI Number: 20-3267586 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REYNOLDS, KIMBERLY A 502 SE 31ST TERRACE OCALA, FL 34471 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition BATES, TINA REYNOLDS, KIMBERLY A Name: Name: 158 8TH STREET NE APT#115 502 SE 31ST TERRACE Address: Address: City-St-Zip: FT. PAYNE, AL 35967 US City-St-Zip: OCALA, FL 34471 US (X) Delete Title: Title: () Change () Addition Name: REYNOLDS, KIMBERLY A Name: 502 SE 31ST TERRACE Address: Address: OCALA, FL 34471 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY REYNOLDS P 04/19/2007