

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000018072

Entity Name: MOBILE CONNECTIONS, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

9017-S ADAMO DR  
TAMPA, FL 33619

## New Principal Place of Business:

502 POPLAR ST.  
INVERNESS, FL 34452

## Current Mailing Address:

10437 FROG POND DR.  
RIVERVIEW, FL 33569

## New Mailing Address:

502 POPLAR ST  
INVERNESS, FL 34452

FEI Number: 59-3170138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIPPER, ROBERT P  
10437 FROG POND DR.  
RIVERVIEW, FL 33569 US

## Name and Address of New Registered Agent:

KIPPER, ROBERT P  
502 POPLAR ST  
INVERNESS, FL 34452 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KIPPER, ROBERT P  
Address: 3458 BURKHARDT DR  
City-St-Zip: VALDOSTA, GA 31605

Title: VP ( ) Delete  
Name: KIPPER, ROBERT C  
Address: 10437 FROG POND DR.  
City-St-Zip: RIVERVIEW, FL 33569

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KIPPER, ROBERT P  
Address: 810 ROSE POINTE CIR  
City-St-Zip: VALDOSTA, GA 31605

Title: VP (X) Change ( ) Addition  
Name: KIPPER, ROBERT C  
Address: 502 POPLAR ST  
City-St-Zip: INVERNESS, FL 34452

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT C. KIPPER

VP

04/29/2005

Electronic Signature of Signing Officer or Director

Date