


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90069 033 ***150.00

DOCUMENT # P99000050327 1. Entity Name AXIS MOBILITY, INC.					
Principal Place of Business C/O KEVIN C. AMBLER, ESQ. 400 NORTH TAMPA STREET, PARK TOWER #1100 TAMPA, FL 33602			Mailing Address C/O KEVIN C. AMBLER, ESQ. 400 NORTH TAMPA STREET, PARK TOWER #1100 TAMPA, FL 33602		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3640791	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AMBLER, KEVIN C 400 NORTH TAMPA STREET, PARK TOWER #1100 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, ROBERT C PO BOX 66327 ST PETE BEACH, FL 33736	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSICK, NORMAN II 8401 9TH STREET SUITE B120 ST PETERSBURG, FL 33702	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYES, BRUCE 12345 STARKEY ROAD SUITE E LARGO, FL 33777	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC AMBLER, KEVIN C ESQ 400 NORTH TAMPA STREET PARK TOWER #1100 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC AMBLER, KEVIN C ESQ 400 NORTH TAMPA STREET PARK TOWER #1100 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC AMBLER, KEVIN C ESQ 400 NORTH TAMPA STREET PARK TOWER #1100 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC AMBLER, KEVIN C ESQ 400 NORTH TAMPA STREET PARK TOWER #1100 TAMPA, FL 33602	<input type="checkbox"/> Delete			
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: K. C. Ambler					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/12/04 Daytime Phone #: 813-275-9100					

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