


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # F71227 1. Entity Name JEANNINE P. MOSHER, P.A.	
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Principal Place of Business % JEANNINE P. MOSHER 997 OSPREY DRIVE MELBOURNE, FL 32940	Mailing Address % JEANNINE P. MOSHER 997 OSPREY DRIVE MELBOURNE, FL 32940
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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2177917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSHER, JEANNINE P.
997 OSPREY DRIVE
MELBOURNE, FL 32940

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSHER, JEANNINE P 997 OSPREY DRIVE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSHER, RODNEY H. 997 OSPREY DRIVE MELBOURNE, FL 32940
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rodney Mosher **RODNEY MOSHER** 1/7/09 321 757 6766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #