

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90127 001 ***550.00
07-26-2004 90127 002 *****8.75

DOCUMENT # P02000045127

1. Entity Name
MOSS PARK HOLDINGS, INC.



Principal Place of Business
11221 JOHN WYCLIFFE BLVD.
ORLANDO, FL 32832

Mailing Address
11221 JOHN WYCLIFFE BLVD.
ORLANDO, FL 32832

66430645



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

02-0588957

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIPPS, ROBERT T
11221 JOHN WYCLIFFE BLVD.
ORLANDO, FL 32832

7. Name and Address of New Registered Agent

Name D. CHARLES DEVRIES
Street Address (P.O. Box Number is Not Acceptable)
11221 JOHN WYCLIFFE BLVD
City ORLANDO FL Zip Code 32832

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

Charles DeVries
Signature, typed or printed name of registered agent and title if applicable.

D. CHARLES DEVRIES, CFO
(NOTE: Registered Agent signature required when reinstating)

7-19-04
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME VREDE, ROBERT V
STREET ADDRESS 11221 JOHN WYCLIFFE BLVD.
CITY-ST-ZIP ORLANDO, FL 32832

TITLE SD ☐ Delete
NAME FLANKEN, FORREST W
STREET ADDRESS 11221 JOHN WYCLIFFE BLVD.
CITY-ST-ZIP ORLANDO, FL 32832

TITLE TD ☐ Delete
NAME D. CHARLES DEVRIES
STREET ADDRESS 11221 JOHN WYCLIFFE BLVD.
CITY-ST-ZIP ORLANDO, FL 32832

TITLE D ☐ Delete
NAME LIPPS, ROBERT T
STREET ADDRESS 11221 JOHN WYCLIFFE BLVD.
CITY-ST-ZIP ORLANDO, FL 32832

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Vande Vrede, Robert
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME DeVries, D. Charles
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

D. Charles DeVries
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-19-04
407-852-3600