

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134608

Entity Name: MOCCIA VENTURES, INC.

FILED  
Mar 28, 2007  
Secretary of State

## Current Principal Place of Business:

209 NAUTILUS DR.  
ISLAMORADA, FL 33036

## New Principal Place of Business:

## Current Mailing Address:

209 NAUTILUS DR.  
ISLAMORADA, FL 33036

## New Mailing Address:

FEI Number: 20-3614435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOCCIA, LAWRENCE P  
209 NAUTILUS DR.  
ISLAMORADA, FL 33036 US

## Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete  
Name: MOCCIA, WILLIAM T  
Address: 14061 SW 21ST STREET  
City-St-Zip: DAVIE, FL 33325

Title: VPST ( ) Delete  
Name: MOCCIA, TERRY L  
Address: 14061 SW 21ST STREET  
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Delete  
Name: MOCCIA, TERRY L  
Address: 14061 SW 21ST STREET  
City-St-Zip: DAVIE, FL 33325

Title: D (X) Delete  
Name: MOCCIA, DORICE J  
Address: 209 NAUTILUS DRIVE  
City-St-Zip: ISLAMORADA, 33036

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MOCCIA, WILLIAM T  
Address: 14061 SW 21ST STREET  
City-St-Zip: DAVIE, FL 33325

Title: VP (X) Change ( ) Addition  
Name: MOCCIA, TERRY L  
Address: 14061 SW 21ST STREET  
City-St-Zip: DAVIE, FL 33325

Title: D (X) Change ( ) Addition  
Name: MOCCIA, DORICE J  
Address: 209 NAUTILUS DRIVE  
City-St-Zip: ISLAMORADA, FL 33036

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: WILLIAM MOCCIA

P

03/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date