2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #357609

1. Entity Name
MOSLEY AND SON CONSTRUCTION, INC.



FILED Mar 19, 2007 08:00 AM Secretary of State

Principal Place of Business 1400 SE MONTEREY RD

STUART, FL 34994

Mailing Address

1400 SE MONTEREY RD STUART, FL 34994



DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1318547 Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, REBECCA 9167 SW 21ST DR STUART, FL 34957

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registered office	e or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and take	f applicable (NOTE: Registered Agent s	gnature required when renstating)	DATE .
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSLEY, GARY 1400 SE MONTEREY ROAD STUART, FL 34994			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSLEY, REBECCA 1400 SE MONTEREY ROAD STUART, FL 34994			U00000672763 03/29/07-80001-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORGAN, PHILIP W JR. 1400 SE MONTEREY ROAD STUART, FL. 34994		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIVIAN, BEBOUT 1400 SE MONTEREY ROAD STUART, FL 34994		in ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMSKI, NICHOLE 1400 SE MONTEREY ROAD STUART, FL 34994			
Nite -				

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 attachryent with an address, with all other like empowered.

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STREET ADDRESS
CITY-ST-ZIP.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #