2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #357609

1. Entity Name

MOSLEY AND SON CONSTRUCTION, INC.



FILED Feb 04, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1400 SE MONTEREY RD STUART, FL 34994 1400 SE MONTEREY RD STUART, FL 34994



DO NOT WRITE IN THIS SPACE

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For | 59-1318547 | Not Applicable

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

the obligat	named entity submits this statement for the pations of registered agent.	urpose of changing its	registered office or r	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE -> Signature, typed or printed name of registered age		title if applicable (NOTE: Registered Agent alguature required when reinstating)			DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	•	
10.	OFFICERS AND DIREC	TORS		, , , , , , , , , , , , , , , , , , , 		
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				U00000815696 02/14/08-80019-020 150.00	
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			one de la companya d La companya de la co		
TITLE				ا در بحد ما این اسمید. افغان اینکار آنهای ا		

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS: CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

-15-08

287-6962

Daytime Pho