

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90044 028 ***150.00



DOCUMENT # 382455
 1. Entity Name
LEON MOSS RANCH, INC.

Principal Place of Business
L-8 CANAL ROAD OFF STATE RD 80
P.O. BOX 237
LOXAHATCHEE FL 33470
US

Mailing Address
PO BOX 237
LOXAHATCHEE FL 33470



1st MOORE CR2E034 (10/04)

2. Principal Place of Business *Same* 3. Mailing Address *Same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State *Loxahatchee, Fl.* City & State *Same*
 Zip *33470* Country *US* Zip *33470* Country *USA*

4. FEI Number **59-1348035** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LEON MOSS
L-8 CANAL ROAD OFF STATE RD 80
PO BOX 237
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number *NA* Not Acceptable)
 City **FL** Zip Code

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 *Malcolm S. Moss Jr. V.P.* DATE *1-30-05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DST <input type="checkbox"/> Delete
NAME	MOSS, BETTY
STREET ADDRESS	NO. L-8 CANAL RD
CITY-ST-ZIP	LOXAHATCHEE FL
TITLE	ST <input type="checkbox"/> Delete
NAME	MOSS, KAY
STREET ADDRESS	1754 TROTTER CT
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	V <input type="checkbox"/> Delete
NAME	MOSS, MALCOLM JR.
STREET ADDRESS	2333 NW BRITT TEN
CITY-ST-ZIP	STUART FL 34994
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Malcolm S. Moss Jr.* DATE: *1-30-05* DAYTIME PHONE #: *772-692-2990*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #