


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 27, 2007 08:00 AM
Secretary of State**

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



Principal Place of Business
**1754 TROTTER COURT
N/A
WELLINGTON, FL 33414 US**

Mailing Address
**1754 TROTTER COURT
WELLINGTON, FL 33414**

DO NOT WRITE IN THIS SPACE



06072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1348035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KAY MOSS
1754 TROTTER COURT
N/A
WELLINGTON, FL 33414**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MOSS, BETTY 1754 TROTTER COURT WELLINGTON, FL 33414P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/ST MOSS, KAY 1754 TROTTER CT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSS, MALCOLM JR 2333 NW BRITT TEN STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jay Moss **1-21-07** **276-236-1046**
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #