2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465642

Title:

Name: Address:

City-St-Zip:

VAS

MOSS JUDY L,

177 WEST ST.

LENOX, MA 01240

() Delete

Entity Name: MOSS BROS & SONS INC

FILED Jan 25, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
6565 GATEWAY AVE BOX 1387 SARASOTA, FL 342308387			SUITE C	6565 GATEWAY AVE SUITE C SARASOTA, FL 34231	
,			·	New Mailing Address:	
Current Mailing Address:			New Mailing Addi	New Mailing Address:	
6565 GATEWAY AVE BOX 1387 SARASOTA, FL 342308387			P. O. BOX 1387 SARASOTA, FL 34	P. O. BOX 1387 SARASOTA, FL 342301387	
FEI Number	: 59-1644175	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
MOSS, MARIAN M 6565 GATEWAY AVE SARASOTA, FL 34231 US			SUITE C	6565 GATEWAY AVE	
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATUI	RE:			01/25/2006	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAM	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MOSS GLORIA 1535 HARBOR SARASOTA, FL	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () MOSS, MARIAN 5328 SIESTA C SARASOTA, FL	OURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () MOSS PEGGY 1535 HARBOR SARASOTA, FL	PLACE	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARIAN MOSS SD 01/25/2006

() Change () Addition