## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # 594271**

1. Entity Name

STEPHEN L. MOSS, D.P.M., P.A.



Mailing Address Principal Place of Business

6450 38TH AVENUE N 310

ST, PETERSBURG, FL 33710

6450 38TH AVENUE NORTH

310

ST. PETERSBURG, FL 33710

**FILED** 

Feb 24, 2004 08:00 AM Secretary of State

02122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1863315

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHEN L MOSS 6450 38TH AVENUE NORTH SUITE 310 ST. PETERSBURG, FL 33710

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			}			
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  Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstance)  DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution.  Added to Fees		\$5.00 May 8e Added to Fees	U00000054327 02/24/04-80008-005 150.00	
TO.  THE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSTD MOSS, STEPHEN L 6450 38TH AVENUE NORTH, # 310 ST. PETERSBURG, FL	TORS				
TATLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		77.5				
TITLE NAME STREET ADDRESS						

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:

CITY-ST-ZIP TITLE

STREET ADDRESS CUY-ST-ZIP

NO TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIREC