

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 674668

1. Entity Name
MOSES AND ASSOCIATES, INC.



Principal Place of Business
**2209 NW 40TH TERR
STE A
GAINESVILLE, FL 32605**

Mailing Address
**2209 NW 40TH TERR
STE A
GAINESVILLE, FL 32605**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2006400	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOSES, FRANCIS W
2209 NW 40TH TERR
SUITE A
GAINESVILLE, FL 32605**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	LEBO, GEORGE R
STREET ADDRESS	1504 NW 11TH RD
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	P
NAME	MOSES, FRANCIS W
STREET ADDRESS	1523 N W 52ND TERR
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	ST
NAME	WEST, ANDREW C
STREET ADDRESS	1518 NW 4TH AVE, APT B
CITY - ST - ZIP	GAINESVILLE, FL 32603
TITLE	VP
NAME	AKIN, MARK R
STREET ADDRESS	2155 NW 88TH STREET
CITY - ST - ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/13/05-80033-010 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

Francis W Moses **FRANCIS W MOSES** 1/12/05 352 372 1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR