

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90043 028 ***150.00

DOCUMENT # F00000003259

1. Entity Name
MOSSBERG SANITATION, INC.



Principal Place of Business
**2006 BROADWAY
SUITE 2B
GREAT BEND, KS 67530**

Mailing Address
**P.O. BOX 486
GREAT BEND, KS 67530**

50013823



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

48-0947714

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
MOSSBERG, PHILLIP C
2619 TANGLEWOOD
GREAT BEND, KS 67530** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1605 Riviera ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
MOSSBERG, PHILLIP C
2619 TANGLEWOOD
GREAT BEND, KS 67530** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1605 Riviera ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCFO
BALL, RICHARD A
119 N.E. 30TH ROAD
GREAT BEND, KS 67530** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5268 Timber Creek ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BLEEKER, SYLVAN D
3818 FOREST
GREAT BEND, KS 67530** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1605 Riviera ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOSSBERG, COLEEN
2619 TANGLEWOOD
GREAT BEND, KS 67530** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1605 Riviera ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2619 TANGLEWOOD
GREAT BEND, KS 67530** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1605 Riviera ☐ Change ☐ Addition

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

Sylvan D. Bleeker

2-5-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #