

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

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



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-0947714	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

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BALL, RICHARD A 119 N.E. 30TH ROAD GREAT BEND, KS 67530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BALL, RICHARD A 119 N.E. 30TH ROAD GREAT BEND, KS 67530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO BALL, RICHARD A 119 N.E. 30TH ROAD GREAT BEND, KS 67530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLEEKER, SYLVAN D 5268 TIMBER CREEK GREAT BEND, KS 67530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MURPHY, ROGER F 3821 MCKINNEY DRIVE GREAT BEND, KS 67530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BORCK, LEON H 919 W. 4TH LARNED, KS 67550

**DO NOT WRITE
IN THIS SPACE**

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02/11/08-80012-002-150.00

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-08