

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000000997

1. Entity Name
MOSES ELECTRIC, INC.



Principal Place of Business
**1207 PIN OAK DRIVE
FLOWOOD, MS 39232**

Mailing Address
**P.O. BOX 16727
JACKSON, MS 39236-6727**

DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1919977

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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)

U00000568983
07/11/06 00007 011 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | CP |
| NAME | HUX, WILLIAM A |
| STREET ADDRESS | 110 HICKORY HOLLOW |
| CITY-ST-ZIP | BRANDON, MS 39042 |
| TITLE | VCS |
| NAME | UPCHURCH, MICHAEL W |
| STREET ADDRESS | RT 3 BOX 75 |
| CITY-ST-ZIP | CARROLTON, MS 38917 |
| TITLE | DV |
| NAME | POWERS, ROBERT D SR |
| STREET ADDRESS | 14560 RIVER TRAIL CT. |
| CITY-ST-ZIP | GULFPORT, MS 39503 |
| TITLE | D |
| NAME | UPCHURCH, DAVID L |
| STREET ADDRESS | 690 GILLON ROAD |
| CITY-ST-ZIP | GRENADA, MS 38901 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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 #

7-6-06

601-439-9473