


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F20714	
1. Entity Name MICHAEL ALLEN MOSHER, P.A.	

Principal Place of Business 1909 HARRISON STREET # 201 HOLLYWOOD, FL 33020	Mailing Address 1909 HARRISON STREET # 201 HOLLYWOOD, FL 33020
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2095422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOSHER, MICHAEL ALLEN C/O MOSHER 19240 NE 20 CT. N MIAMI BEACH, FL 33179
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	VS MOSHER, PHYLLIS 19240 NE 20TH CT. N MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSHER, MICHAEL ALLEN 19240 NE 20TH CT. N MIAMI BEACH, FL
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UN00000385216
01/18/06-80007-011 150.00

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: Phyllis' Madeline Mosher 1/10/06 954-920-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #