

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 4/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO PENALTY: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1995 AUG -1 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003370 (3)

1. Corporation Name

MOSHER ADMINISTRATIVE SERVICES, INC.

Principal Place of Business

4250 E. CAMELBACK RD., K405  
PHOENIX AZ 85018

Mailing Address

4250 E. CAMELBACK RD., K405  
PHOENIX AZ 85018

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/27/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

86-0714971

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CANITA, ALFRED J  
7041 N.W. 7TH CT.  
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD  
NAME MOSHER, CHRISTOPHER  
STREET ADDRESS 5844 N 2ND AVENUE  
CITY - ST - ZIP PHOENIX AZ

TITLE VSD  
NAME MOSHER, ANGELA  
STREET ADDRESS 5844 N 2ND AVENUE  
CITY - ST - ZIP PHOENIX AZ

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information declared in this annual report or supplemental annual 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE

(Signature and typed or printed name of signing officer or director)

Christopher J. Mosher

Angela C Mosher

(Date)

7/27/95

(Signature)

0002-254-47.77

CR2E034 (3/95)