

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90001 026 ***150.00

DOCUMENT # G50557 1. Entity Name MOSBY & ASSOCIATES, INC.	
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Principal Place of Business % GEORGE G. COLLINS, JR. 756 BEACHLAND BLVD. VERO BEACH, FL 32963-1745	Mailing Address % GEORGE G. COLLINS, JR. 756 BEACHLAND BLVD. VERO BEACH, FL 32963-1745
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54014619



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2309095	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COLLINS, GEORGE G., JR. 756 BEACHLAND BLVD. VERO BEACH, FL 32960

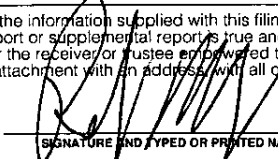
**DO NOT WRITE
IN THIS SPACE**

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)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSBY, RANDY 2455 14TH AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOIA, BRUCE 2455 14TH AVE VERO BEACH, FL 32960
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 reports 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: 	2/26/04 772-569-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #