
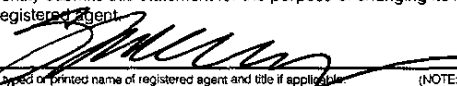
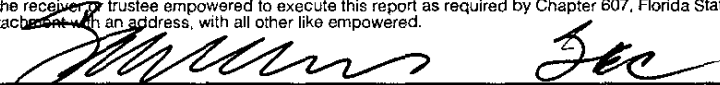


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90020 012 ***150.00

DOCUMENT # G66531			
1. Entity Name MOSS, HENDERSON, BLANTON, LANIER, KRETSCHMER & MURPHY, P.A.			
Principal Place of Business % GEORGE H. MOSS, II 817 BEACHLAND BLVD. VERO BEACH, FL 32963		Mailing Address % GEORGE H. MOSS, II 817 BEACHLAND BLVD. VERO BEACH, FL 32963	
2. Principal Place of Business <i>C/O STEVE L. HENDERSON</i>		3. Mailing Address <i>C/O STEVE L. HENDERSON</i>	
Suite, Apt. #, etc. <i>817 Beachland Blvd</i>		Suite, Apt. #, etc. <i>817 Beachland Blvd</i>	
City & State <i>VERO BEACH, FL</i>		City & State <i>VERO BEACH, FL</i>	
Zip <i>32963</i>	Country <i>USA</i>	Zip <i>32963</i>	Country <i>USA</i>
4. FEI Number 59-2334195		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 MOSS, GEORGE H., II 817 BEACHLAND BLVD. VERO BCH., FL 32963		7. Name and Address of New Registered Agent Name <i>STEVE L. HENDERSON</i> Street Address (P.O. Box Number is Not Acceptable) <i>817 BEACHLAND BLVD</i> City <i>VERO BEACH</i> FL Zip Code <i>32963</i>	
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	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSS II, GEORGE H 817 BEACHLAND BLVD VERO BCH, FL 00000, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANIER, CLINTON W 817 BEACHLAND BLVD. VERO BCH., FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HENDERSON, STEVEN L. 817 BEACHLAND BLVD. VERO BCH., FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANTON, ROBIN A. 817 BEACHLAND BLVD. VERO BCH., FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, LEWIS W 817 BEACHLAND BLVD VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRETSCHME, FRED L 817 BEACHLAND BLVD VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date <i>1/8/04</i> Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			