

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90144 037 ***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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
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			7. Name and Address of New Registered Agent		
MOSS, GEORGE H., II 817 BEACHLAND BLVD. VERO BCH., FL 32963			Name Steven Z. Henderson Street Address (P.O. Box Number is Not Acceptable) 817 Beachland Blvd City VERO Beach FL Zip Code 32963		
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 8/25/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSS II, GEORGE H		NAME		
STREET ADDRESS	817 BEACHLAND BLVD		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH, FL 00000,		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANIER, CLINTON W		NAME		
STREET ADDRESS	817 BEACHLAND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH., FL		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, STEVEN L.		NAME	STEVEN L. HENDERSON	
STREET ADDRESS	817 BEACHLAND BLVD.		STREET ADDRESS	817 Beachland Blvd	
CITY-ST-ZIP	VERO BCH., FL		CITY-ST-ZIP	VERO Beach, FL 32963	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANTON, ROBIN A.		NAME		
STREET ADDRESS	817 BEACHLAND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH., FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, LEWIS W		NAME		
STREET ADDRESS	817 BEACHLAND BLVD		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	D.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRETSCHME, FRED L		NAME		
STREET ADDRESS	817 BEACHLAND BLVD		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
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 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 8/25/05 Time 7:23:19 PM		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50063763



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