

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90007 016 ***150.00

DOCUMENT # H17834

1. Entity Name

ROBERT MOELLER, P.A.



Principal Place of Business

% ROBERT MOELLER
CORNER OF COUNTY RD 351 & WILSON ST.
CROSS CITY FL 32628

Mailing Address

% ROBERT MOELLER
P.O. BOX 1419
CROSS CITY FL 32628

40006635



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

152 N.E. 351 Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cross City, Florida

City & State

4. FEI Number

59-2453615

Applied For

Not Applicable

Zip

32628

Country

Dixie

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOELLER, ROBERT
CORNER OF COUNTY RD 351 & WILSON ST.
CROSS CITY FL 32628

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
ST
MOELLER, LORILYNN H
STREET ADDRESS
WILLIE & LOVIE JONES ROAD
CITY-ST-ZIP
OLD TOWN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
ST
Moeller, Lorilynn H. ☒ Change ☐ Addition
STREET ADDRESS
717 NE 665 Street
CITY-ST-ZIP
Old Town, Florida 32680

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Moeller

1-21-05

352-498-3310

Date

Daytime Phone #