

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90071 016 ***150.00

DOCUMENT # H61586 1. Entity Name MOSLEY STARLITE CLEANING, INC.					
Principal Place of Business 7806 RAMPART RD. JACKSONVILLE, FL 32244			Mailing Address 7806 RAMPART RD. JACKSONVILLE, FL 32244		
2. Principal Place of Business 1938 N.E. 185th St. Suite, Apt. #, etc.		3. Mailing Address 1938 N.E. 185th St Suite, Apt. #, etc.			
City & State Starke, FL.		City & State Starke FL.		4. FEI Number 59-2529581	
Zip 32091		Country Bradford		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEIDE, MOSES, JR. 817 N MAIN STREET JACKSONVILLE, FL 32202			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PDV MOSLEY, JAY 7806 RAMPART ROAD JACKSONVILLE, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1938 N.E. 185th St. Starke, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSLEY, JERRY 7806 RAMPART ROAD JACKSONVILLE, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1946 N.E. 185th St. Starke, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSLEY, ANDREW 7806 RAMPART RD JACKSONVILLE, FL 32244	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7369 Shindler Dr. Apt. 2 JAX, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSLEY, LUCY 7806 RAMPART RD JACKSONVILLE, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1952 N.E. 185th St. Starke, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete		TITLE NAME STREET ADDRESS 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: Jay Mosley SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				(904) 891-1401 Date Daytime Phone #	