


**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

06-21-2005 90002 047 \*\*\*150.00

**ANNUAL REPORT**

<b>DOCUMENT # J06132</b>			
1. Entity Name <b>DEBBIE MOSS, P.A.</b>			
Principal Place of Business <b>1520 GULF BLVD. #1507 CLEARWATER, FL 33767 US</b>		Mailing Address <b>1520 GULF BLVD. #1507 CLEARWATER, FL 33767 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>59-2679724</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MOSS, DEBBIE 1520 GULF BLVD. #1507 CLEARWATER, FL 33767</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 reappointing) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD MOSS, DEBBIE 1520 GULF BLVD #1507 CLEARWATER, FL 33767</b> <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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)(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: <i>Debbie Moss</i> <b>DEBBIE MOSS</b>		Date: <i>4/5/05</i> <b>727 5951700</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

**66024504**



05202005 Chg-P CR2E034 (10/03)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AL Dept Corp Records  
PO Box 6327  
Tulley RI 02834

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**DEPT OF STATE**  
B. Received by (Printed Name)  
C. Date of Delivery

JUN 17 2005

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If Yes, enter delivery address below

**CLEARED**

3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2.

P:

102595-02-M-1540

ATTACHMENT

306132

66624504

July 5, 2005

Jessica Justice  
Florida Department of State  
Division of Corporations  
PO BOX 1500 Tallahassee Florida 32302-1500

ATTACHMENT  
06021504

RE: Debbie Moss PA  
letter 505A00037968  
ref. number: J06132

The letter dated 5-26-05 stated the annual report submitted was being sent back for my signature. In the letter it states that to avoid paying the late fee the corrected report should be returned to your office within 30 days of this letter date 5-26-05.

A letter was just received dated June 21, 2005 stating that your office did receive the corrected annual report (within the 30 days) but the \$400 late fee is required to file the report.

Your kind assistance is appreciated in clearing up this matter and completing the filing of the annual report.

Attached please find a copy of the letters dated May 26, 2005 and June 22, 2005.

Thank you,

  
*Debbie Moss*

Debbie Moss pa  
1520 Gulf Boulevard #1507  
Clearwater, Florida 33767  
727-595-1700 727-517-1844 cell  
[deborahnader@tampabay.rr.com](mailto:deborahnader@tampabay.rr.com)