## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jun 04, 2004 8:00 am **Secretary of State** DOCUMENT # K02615 06-04-2004 90004 046 \*\*\*150.00 1. Entity Name MARK MOSHER CORP. Principal Place of Business Mailing Address 54056755 2806 ALSACE CT. 2806 ALSACE CT. ORLANDO, FL 32812-1055 ORLANDO, FL 32812-1055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152003 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2004112 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUFF PAT Street Address (P.O. Box Number is Not Acceptable) 2528 DARDEN ST ORLANDO, FL 32812 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed frame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ĎΡ ☐ Change ☐ Addition TITLE 🦸 ☐ Delete TITLE MOSHER, MARK NAME NAME 2806 ALSACE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE . 🔲 Change 🗻 🔄 Addition 👡 🚤 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

TITLE

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To receive a form by mail:

alfachment

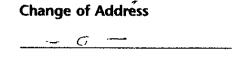
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- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side and mail.
- Allow 7-10 business days to receive form.

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MARK MOSHER CORP. 2806 ALSACE CT. ORLANDO FL 32812-1055





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