2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # K02615

1. Entity Name

MARK MOSHER CORP.

Principal Place of Business	Mailing Address
2806 ALSACE CT. ORLANDO FL 32812-1055	2806 ALSACE CT. ORLANDO FL 32812-1055

1st MOORE   CR2E034 (10/04)

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 59-2004112

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUFF, PAT 2528 DARDEN ST ORLANDO FL 32812	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	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSHER, MARK 2806 ALSACE CT ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000350691 05/02/05-80113-024 150.00	☐ Change ☐ Additio
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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: _____   4-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #