

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90002 020 ***150.00

DOCUMENT # K02615

1. Entity Name

MARK MOSHER CORP.



Principal Place of Business

**2806 ALSACE CT.
ORLANDO FL 32812-1055**

Mailing Address

**2806 ALSACE CT.
ORLANDO FL 32812-1055**

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, 2006 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 ☐ Delete
NAME **DP**
STREET ADDRESS **MOSHER, MARK**
CITY-ST-ZIP **2806 ALSACE CT
ORLANDO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Dr. Mark Mosher

7-1-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50021781
#K 02615

7-1-06

FVA DEPT. OF STATE

① MARK MOSHER CORP

② ST. AUG. FINANCIAL CORP

PLEASE NOTE THAT MY
WIFE HAD OPEN HEART
SURGERY IN CLEVELAND CLINIC
CLEVELAND OHIO ON 3/29/06 &
WE COULD NOT RETURN TO ORL
UNTIL 6-25-06 DUE TO HER
COMPLEX MEDICAL CONDITIONS.
WE HAVE PROOF OF THIS
CONDITION & IF REQUIRED CAN
SUPPLY YOU. WE DID NOT HAVE
ANY ONE IN ORL TO HANDLE
THIS AFFAIR ON TIMELY BASIS.
PLEASE FORGIVE THE LATENESS
& ACCEPT AS ENCLOSED. THANK
YOU. DR. MARK MOSHER