

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K88992**

1. Entity Name  
**FAIRCHILD MOSS, INC.**



**Principal Place of Business**

**1600 S FEDERAL HWY  
SUITE 970  
POMPANO BEACH, FL 33062 US**

**Mailing Address**

**1600 S FEDERAL HWY  
SUITE 970  
POMPANO BEACH, FL 33062 US**

**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0124468**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAAS, J RICHARD  
1600 S FEDERAL HWY SUITE 970  
SUITE 970  
POMPANO BEACH, FL 33062**

**DO NOT WRITE  
IN THIS SPACE**

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)

**000000791705  
01/23/08-80087-011 150.00**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPTS
NAME	HAAS, J. RICHARD
STREET ADDRESS	1600 S FEDERAL HWY., #970
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. RICHARD HAAS**

**1/14/08**

Date

**954-783-0606**

Daytime Phone #