2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L17026

Entity Name: MOSES CREEK ESTATES DEVELOPERS, INC.

Current Principal Place of Business:

480 VAILL POINT RD.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

480 VAILL POINT RD.
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-2977161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIRAGUSA, MICHAEL A
780 N PONCE DELEON BLVD
P.O. BOX 3007
SAINT AUGUSTINE, FL 320853007 US

Name and Address of New Registered Agent:

SIRAGUSA, MICHAEL A
780 N PONCE DELEON BLVD
SAINT AUGUSTINE, FL 320853007 US

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.

SIGNATURE: THOMAS MIGLIACCIO 01/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MIGLIACCIO, THOMAS,
Address: 265 S MATANZAS BLVD
City-St-Zip: ST. AUGUSTINE, F L,

Title: TSD ( ) Delete
Name: LEOTTA, BENEDICT,
Address: 480 VAILL POINT ROAD
City-St-Zip: ST. AUGUSTINE, F L,

Title: VD ( ) Delete
Name: DE LORENZO, ARNOLD,
Address: 20 OCEAN WAY
City-St-Zip: ST. AUGUSTINE, F L,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MIGLIACCIO PD 01/06/2009
Electronic Signature of Signing Officer or Director Date