

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L17026

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**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  
SAINT AUGUSTINE, FL 320853007 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** ARNOLD R. DELORENZO

VD

01/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date