

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90059 019 ***292.50

DOCUMENT # M85980

1. Entity Name
C.O. MOSS, D.C., P.A.



Principal Place of Business

MOSS CHIROPRACTIC CLINIC
1377 DELTONA BLVD
SPRING HILL, FL 34606 US

Mailing Address

MOSS CHIROPRACTIC CLINIC
1377 DELTONA BLVD
SPRING HILL, FL 34606 US

44013532



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2966749

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOSS, C. O. D.C.
1377 DELTONA BLVD.
SPRING HILL, FL 34606

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOSS, C.O.
STREET ADDRESS	1377 DELTONA BLVD.
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	ST
NAME	MOSS, JANICE J.
STREET ADDRESS	1377 DELTONA BLVD.
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	VP
NAME	MOSS, MICHAEL
STREET ADDRESS	1377 DELTONA BLVD
CITY-ST-ZIP	SPRING HILL, FL
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-04 *352683786*