


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

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
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03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2966749	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOSS, C. O. D.C. 1377 DELTONA BLVD. SPRING HILL, FL 34606
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSS, C.O. 1377 DELTONA BLVD. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSS, JANICE J. 1377 DELTONA BLVD. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSS, MICHAEL 1377 DELTONA BLVD SPRING HILL, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/28/05-80123-016 150.00

**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)(f), 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**

4/25/05 3526837886
Date Daytime Phone #