

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 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



02252008 No Chg-P CR2E034 (11/05)

**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, 2008 Fee will be \$550.00**

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

000000934452  
05/23/08-80034-003 150.00

**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
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:** *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael B. MOSS*  
C.O. MOSS

*X 3-5-08*

DATE

Daytime Phone #