## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2005 08:00 AM Secretary of State

DOCUMENT # P0000002890  1. Entity Name MO-EX CORPORATION					Secretary of State				
Principal Place of Business Mailing Address			,	·	]				
	seshoe road Da, Fl 33955	40720 HORSESHOE ROAD PUNTA GORDA, FL 33955				<b>1</b> 171 <b>22</b> 117 <b>22</b> 111 <b>28</b> 111 <b>6</b> 717	1 <b>20</b> 711 <b>20</b> 11 <b>2</b> 17 <b>0</b> 0		itanni ri istni
2. Principal Place of Business		3. Mailing Address							
Suite, Apt #, etc.		Suite, Apt. #, etc.		02052005	Chg-P	CR2E034	4 (10/03)		
City & State		City & State			4. FEI Number 65-0979	877			oplied For of Applicable
Z <sub>I</sub> p Country		Zip	Country		5. Certificate o	f Status Desired		8.75 Ado e Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
LARROW, PAUL L 3501-312 DEL PRADO BLVD.			•	Street Address (P.O. Box Number is Not Acceptable)					
	RAL, FL 33904			0000171001000(1		To Not Addeptable	, 		
				City			FL	Zip Cod	е
8. The above the obligat	named entity submits this statement tions of registered agent	for the purpose of changing i	ts register	ed office or register	ed agent, or both,	in the State of Flo	rida. I am far	niliar with,	and accept
SIGNATURE									
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Camp Trust Fund Cor	-	~ _ +0.	00 May Be ed to Fees				
10.		D DIRECTORS	_11.		ADDITIONS/C	HANGES TO OFFI			
TITLE NAME	PVST BEACHAMP, JERRY	☐ Delete	TITLE				[	] Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	40720 HORSESHOE ROAD PUNTA GORDA, FL 33955			ET ADDRESS -SI-ZIP		<b>U0</b> 000002 03/04/05-8	250615 20017-0	21_150	0.00
TITLE NAME		☐ Delete	TITLE	Į.				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS - ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l				Change	☐ Addition
TITLE			TITLE				Г	] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	· -		name Strei					_	, page 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		į.				] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS -ST-ZIP				] Change	Addition
of the cor	rertify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that powered to execute this repor	my signat t as requir	ure shall have the c	ame legal effect a	ie it made under As	ath that Iam	an officer	or director