


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90069 028 \*\*\*150.00

**DOCUMENT # P00000018561**  
 1. Entity Name  
**GEORGE C. MOSELEY SPREADING SERVICE, INC.**



Principal Place of Business  
**RT. 2, BOX 369  
 LAKE CITY, FL 32024**

Mailing Address  
**RT. 2, BOX 369  
 LAKE CITY, FL 32024**

**24033623**

2. Principal Place of Business  
**420 SW Chives Terrace**

3. Mailing Address  
**420 SW Chives Terrace**

Suite, Apt. #, etc.



03302004 Chg-P GR2E034 (10/03)

City & State  
**Lake City, Florida**

City & State  
**Lake City, Florida**

Zip  
**32024**

Country  
**US**

Zip  
**32024**

Country  
**US**

4. FEI Number  
**59-3655246**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**VILSELEY, GEORGE C  
 RT. 2, BOX 369  
 LAKE CITY, FL 32024**

7. Name and Address of New Registered Agent  
 Name  
**George C. Moseley**

Street Address (P.O. Box Number is Not Acceptable)  
**420 SW Chives Terrace**

City  
**Lake City**

State  
**FL**

Zip Code  
**32024**

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: **George C. Moseley** *George C. Moseley* **3/30/2004**

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	D	<input type="checkbox"/> Delete
NAME	MOSELEY, GEORGE C	
STREET ADDRESS	RT. 2, BOX 369	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSELEY, CAROLYN	
STREET ADDRESS	RT. 2, BOX 369	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George C. Moseley	
STREET ADDRESS	420 SW Chives Terrace	
CITY-ST-ZIP	Lake City, Florida 32024	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn Moseley	
STREET ADDRESS	420 SW Chives Terrace	
CITY-ST-ZIP	Lake City, Florida 32024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *George C. Moseley* **George C. Moseley, President** **3/30/04** **386-752-3434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #