2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2006 08:00 AM Secretary of State

01	8566
J	1

1. Entity Name

GEORGE C. MOSELEY FARM, INC.



Principal Place of Business

420 SW CHIVES TERR. LAKE CITY, FL 32024 Mailing Address

420 SW CHIVES TERR. LAKE CITY, FL 32024



DO NOT WRITE IN THIS SPACE

272008	No Cha-P	CR2E034 (11/05)	

4. FEI Number 59-3655286

Applied For Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Regulard

5. Name and Address of Current Registered Agent

MOSELEY, GEORGE C 420 SW CHIVES TERR. LAKE CITY, FL 32024

DO NOT WRITE IN THIS SPACE

		}				
5. The above the obligat	named entity submits this statement for the ρ ions of registered agent.	surpose of changing its registered	office or r	egistered agent, or boilt,	, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered A	වුපත් ක්ලූවන්යේ	e required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Financi Trust Fund Contribution. 	ng 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		L		
Title Name Street address City-St-Zip	D MOSELEY, GEORGE C 420 SW CHIVES TERR. LAKE CITY, FL 32024				U00000432107 04/19/06-80052-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSELEY, CAROLYN 420 SW CHIVES TERR LAKE CITY, FL 32024				04/10/00-00002-01/190.00	
NAME STREET ADDRESS CNY-ST-ZIP				DO I	NOT WRITE	

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 ceth; 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNINGS OFFICER

4-3-06

386 752 3434

Date

IN THIS SPACE

Daytime Phone 4