


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>U ENT # P01000068528</b> 1. Entity Name <b>TURNER &amp; MOSS PLASTERING, INC.</b>	
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Principal Place of Business  
**13 NORTH CYPRESS STREET  
FELLSMERE, FL 32948**

Mailing Address  
**13 NORTH CYPRESS STREET  
FELLSMERE, FL 32948**

**DO NOT WRITE IN THIS SPACE**

03222004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1123018</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MOSS, ROGER L  
13 NORTH CYPRESS STREET  
FELLSMERE, FL 32948**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PS MOSS, ROGER L 13 NORTH CYPRESS STREET FELLSMERE, FL 32948
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TURNER, CRAIG A 112 SOUTH BAY STREET FELLSMERE, FL 32948
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000098666  
03/29/04-80049-024 158.75

**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:** *Roger L. Moss*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*772-*  
**3-25-04 633-2637**  
Date Daytime Phone #