

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90034 037 ***150.00

DOCUMENT # P01000101170
 1. Entity Name
RICHARD MOSES INC.



Principal Place of Business: **19551 S TAMIAMI ESTERO, FL 33928**
 Mailing Address: **P.O. BOX 1186 ESTERO, FL 33928**

2. Principal Place of Business: **19551 S TAMIAMI**
 Suite, Apt. #, etc.
 3. Mailing Address: **P.O. Box 1186**
 Suite, Apt. #, etc.



02072005 Chg-P CR2E034 (10/03)

City & State: **Estero FL**
 City & State: **Estero, FL 33928**

4. FEI Number: **59-3752155**
 Applied For: Not Applicable

Zip: **33908** Country: **Lee**
 Zip: **33928** Country: **Lee**

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

6. Name and Address of Current Registered Agent
MOSES, RICHARD
19551 S TAMIAMI TRAIL
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	MOSES, RICHARD	
STREET ADDRESS	19551 S. TAMIAMI TRAIL	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSES, RICHARD	
STREET ADDRESS	19551 S. TAMIAMI TRAIL	
CITY-ST-ZIP	FORT MYERS, FL 33908	
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		<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		
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)(i), 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: Richard Moses Date: 2/19/05 Daytime Phone #: 466-9765