

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000121858

1. Entity Name
MOOSEWOOD CORPORATION



Principal Place of Business
7751 EVENING STAR LN.
TALLAHASSEE, FL 32312

Mailing Address
7751 EVENING STAR LN.
TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0665255

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MENDELSON, JAMES
7751 EVENING STAR LN.
TALLAHASSEE, FL 32312

**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

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, 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 P
NAME MENDELSON, JAMES
STREET ADDRESS 7751 EVENING STAR LN.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE V
NAME MENDELSON, SHERRIE
STREET ADDRESS 7751 EVENING STAR LN.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000300407
04/12/05-80018-023 150.00

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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)(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:

James M. Mendelson James M. Mendelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05
Date

(850) 293-6497
Daytime Phone #