


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000066212	
1. Entity Name MOSSY CREEK VENTURES, INC.	

Principal Place of Business 9200 SO. DADELAND BLVD. #308 MIAMI, FL 33156	Mailing Address 9200 SO. DADELAND BLVD. #308 MIAMI, FL 33156
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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3773180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RUDOLPH, RONALD W ESQ.
9200 SO. DADELAND BLVD. #308
MIAMI, FL 33156

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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)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000180203 01/13/05-80047-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, WILLIAM WAY 9330 BALADA STREET CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, BETTY 9330 BALADA ST. CORAL GABLES, FL 33156
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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 life empowered.

SIGNATURE: William Way Anderson 1/11/05 305 661 2907

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

WILLIAM WAY ANDERSON - PRESIDENT