
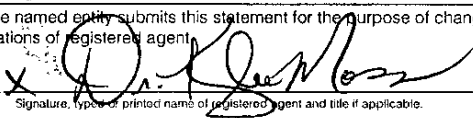
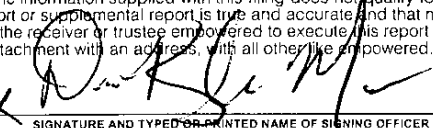


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90030 006 ***150.00

DOCUMENT # P02000121980 1. Entity Name KYLEE A. MOSS, D.C., P.A.																													
Principal Place of Business 1377 DELTONA BLVD SPRING HILL, FL 34606			Mailing Address 1377 DELTONA BLVD SPRING HILL, FL 34606																										
2. Principal Place of Business - No P.O. Box # 11352 CENTRALIA RD		3. Mailing Address 11352 CENTRALIA RD																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State WEEKI WACHEE FL		City & State WEEKI WACHEE FL		4. FEI Number 13-4218299																									
Zip 34614		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MOSS, KYLEE A 1377 DELTONA BLVD SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11352 CENTRALIA RD City WEEKI WACHEE FL Zip Code 34614																										
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																										
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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 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 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KYLEE MOSS																										
Date			Daytime Phone #																										

40008221

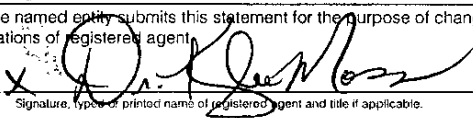


01292007 Chg-P CR2E034 (12/06)

4. FEI Number
13-4218299

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

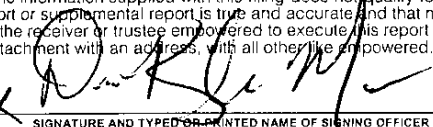
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 11352 CENTRALIA RD
 City WEEKI WACHEE FL Zip Code 34614

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.
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Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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