

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90391 043 ***150.00

DOCUMENT # P03000000427

1. Entity Name

MOSO ENTERPRISES, INC.



Principal Place of Business

233 N 3RD ST STE 201
JACKSONVILLE BCH FL 32250

Mailing Address

233 N 3RD ST STE 201
JACKSONVILLE BCH FL 32250

2. Principal Place of Business - No P.O. Box #

2208 W 21ST STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 12009

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32209

Country

USA

City & State

JACKSONVILLE, FL

Zip

32209

Country

USA

4. FEI Number

06-1668498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

CRAWFORD, JOHN R
225 WATER ST STE 900
JACKSONVILLE FL 32202

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MOVSOVITZ, LARRY
STREET ADDRESS 233 N 3RD ST STE 201
CITY- ST- ZIP JACKSONVILLE BCH FL 32250 ☐ Delete

TITLE D
NAME MOVSOVITZ, SETH
STREET ADDRESS 4102 W 6TH STE A-101
CITY- ST- ZIP LAWRENCE KS 66049 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

4-16-07 (904) 247-0402