

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90055 030 ***150.00

DOCUMENT # P03000026936

1. Entity Name
JOHNSON & MOSES ASSOCIATES INC.



Principal Place of Business
6738 NIGHTWIND CIRCLE
ORLANDO, FL 32818

Mailing Address
6738 NIGHTWIND CIRCLE
ORLANDO, FL 32818

2. Principal Place of Business - No P.O. Box #
2538 KIOWA TRAIL
Suite, Apt. #, etc.

3. Mailing Address
2538 KIOWA TRAIL
Suite, Apt. #, etc.

City & State
CASSELBERRY FL
Zip
32730
Country
USA

City & State
CASSELBERRY FL
Zip
32730
Country
USA

01092007 Chg-P CR2E034 (12/06)

4. FEI Number
14-1873522
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOSES, BARBARA H
6738 NIGHTWIND CIRCLE
ORLANDO, FL 32818

7. Name and Address of New Registered Agent

Name
MOSES, BARBARA H.
Street Address (P.O. Box Number is Not Acceptable)
2538 KIOWA TRAIL
City
CASSELBERRY FL Zip Code
32730

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVP	<input type="checkbox"/> Delete
NAME	MOSES, BARBARA H	
STREET ADDRESS	6738 NIGHTWIND CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOSES, BARBARA H	
STREET ADDRESS	6738 NIGHTWIND CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32818	
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	PVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSES, BARBARA H	
STREET ADDRESS	2538 KIOWA TR	
CITY-ST-ZIP	CASSELBERRY, FL 32730	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSES, BARBARA H	
STREET ADDRESS	2538 KIOWA TR	
CITY-ST-ZIP	CASSELBERRY, FL 32730	
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 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:

Barbara H. Moses
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07 407 260 2103
Date Daytime Phone #