


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90005 047 \*\*\*558.75

DOCUMENT # P03000045514

1. Entity Name  
 MOSS CREEK MARKETING, INC.



Principal Place of Business: 10737 MOSS ISLAND DR. RIVERVIEW, FL 33569 US

Mailing Address: 10737 MOSS ISLAND DR. RIVERVIEW, FL 33569 US

J4067503



2. Principal Place of Business: 7908 POLOVE LN

3. Mailing Address: 7908 POLOVE LN

Suite, Apt. #, etc.

07292004 Chg-P CR2E034 (10/03)

City & State: RIVERVIEW FLORIDA

City & State: RIVERVIEW FLORIDA

Zip: 33569 Country: US

4. FEI Number: 02-0647371

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

SHOFFNER, WAYNE  
 10737 MOSS ISLAND DR.  
 RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name: M. WEASTER PIERCE

Street Address (P.O. Box Number is Not Acceptable): 203 S. PARSONS AVE

City: BRANDON FL Zip Code: 33511

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: *M. Weaster Pierce* M. WEASTER PIERCE DATE: 7-29-04

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	REDEMANN, SUSAN	
STREET ADDRESS	10737 MOSS ISLAND DR.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	SEC.	<input checked="" type="checkbox"/> Delete
NAME	SHOFFNER, WAYNE	
STREET ADDRESS	10737 MOSS ISLAND DR.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
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	PSTD	<input checked="" 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		
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 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: *Susan Redeman* DATE: 8/5/04 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR