

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059482

FILED
Jan 13, 2005
Secretary of State

Entity Name: CHUCK MOSELY ALL COAST AIRCRAFT RECOVERY, INC.

Current Principal Place of Business:

41524 KITTY HAWK DRIVE
WEIRSDALE, FL 32195

New Principal Place of Business:

Current Mailing Address:

41524 KITTY HAWK DRIVE
WEIRSDALE, FL 32195

New Mailing Address:

FEI Number: 27-0057855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSELY, MARY ANN
41524 KITTY HAWK DRIVE
WEIRSDALE, FL 32195 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOSELY, CHARLES L
Address: 41524 KITTY HAWK DRIVE
City-St-Zip: WEIRSDALE, FL 32195

Title: STD () Delete
Name: MOSELY, MARY ANN
Address: 41524 KITTY HAWK DRIVE
City-St-Zip: WEIRSDALE, FL 32195

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN MOSELY

SD

01/13/2005

Electronic Signature of Signing Officer or Director

Date