


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000059482	
1. Entity Name CHUCK MOSELY ALL COAST AIRCRAFT RECOVERY, INC.	

Principal Place of Business 41524 KITTY HAWK DRIVE WEIRSDALE, FL 32195	Mailing Address 41524 KITTY HAWK DRIVE WEIRSDALE, FL 32195
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0057855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOSELY, MARY ANN 41524 KITTY HAWK DRIVE WEIRSDALE, FL 32195	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSELY, CHARLES L 41524 KITTY HAWK DRIVE WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOSELY, MARY ANN 41524 KITTY HAWK DRIVE WEIRSDALE, FL 32195
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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: <u>Mary Ann Mosely Sec. Tre.</u>	Date: _____	Daytime Phone #: <u>(352) 259-2487</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		