

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90403 003 ***150.00

DOCUMENT # P03000092978 ✓

1. Entity Name

ELIZABETH MOSLEY, P.A.



Principal Place of Business

1448 SOPHIE WAY
KISSIMMEE FL 34744

Mailing Address

1448 SOPHIE WAY
KISSIMMEE FL 34744

2. Principal Place of Business

715 Mabbette St
Suite, Apt. #, etc.
Ksme Florida
City & State

3. Mailing Address

1448 Sophie Way
Suite, Apt. #, etc.
Ksme FL
City & State



MOORE

CR2E034 (11/03)

4. FEI Number

16-1685045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, ELIZABETH
715 MABBETTE ST
KISSIMMEE FL 34741

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

4/1/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	P, S, T, & D	<input type="checkbox"/> Delete
NAME	MOSLEY, ELIZABETH	
STREET ADDRESS	1448 SOPHIE WAY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Maslay	
STREET ADDRESS	1448 Sophie Way	
CITY-ST-ZIP	Kissimmee FL 34744	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine Lopez	
STREET ADDRESS	1448 Sophie Way	
CITY-ST-ZIP	Ksme FL 34744	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Lopez	
STREET ADDRESS	1448 Sophie Way	
CITY-ST-ZIP	Ksme FL 34744	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hector Lopez III	
STREET ADDRESS	1448 Sophie Way	
CITY-ST-ZIP	Ksme FL 34744	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Soraida Sanchez	
STREET ADDRESS	1476 Sophie Way	
CITY-ST-ZIP	Ksme FL 34744	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/04

321-624-0711