

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092978

Entity Name: ELIZABETH MOSLEY, P.A.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

715 MABBETTE ST.
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1448 SOPHIE WAY
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 16-1685045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSLEY, ELIZABETH
715 MABBETTE ST
KISSIMMEE, FL 34741 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: PSTD () Delete
Name: MOSLEY, ELIZABETH
Address: 1448 SOPHIE WAY
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: MOSLEY, ROBERT
Address: 1448 SOPHIE WAY
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: LOPEZ, CHRISTINE
Address: 1448 SOPHIE WAY
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: LOPEZ, LINDA
Address: 1448 SOPHIE WAY
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: LOPEZ, HECTOR III
Address: 1448 SOPHIE WAY
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: SANCHEZ, SORAIDA
Address: 1472 SOPHIE WAY
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Chapter 119, 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: ELIZABETH MOSLEY

PSTD

04/25/2006

Electronic Signature of Signing Officer or Director

Date