## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000092978

Entity Name: ELIZABETH MOSLEY, P.A.

FILED Jan 05, 2007 Secretary of State

•						
Current Principal Place of Business:				New Principal Place of Business:		
715 MABBETTE ST. KISSIMMEE, FL 34741				3121 INNOVATION DRIVE. SAINT CLOUD, FL 34771		
Current Mailing Address:				New Mailing Address:		
1448 SOPHIE WAY KISSIMMEE, FL 34744			2690 CYPRESS LANE KISSIMMEE, FL 34746			
FEI Number:	16-1685045	FEI Number Applied For ( )	FEI Num	nber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of I	New Registered Agent:
MOSLEY, ELIZABETH 715 MABBETTE ST KISSIMMEE, FL 34741 US				MOSLEY, ELIZABETH 3121 INNOVATION DRIVE SAINT CLOUD, FL 34771 US		
The above in the State	named entity si of Florida.	ubmits this statement for the pu	rpose of	f changing it	ts registered o	office or registered agent, or both,
SIGNATURE:				01/05/2007		
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	PSTD ()I MOSLEY, ELIZA 1448 SOPHIE W KISSIMMEE, FL	Delete BETH 'AY 34744		Title: Name: Address: City-St-Zip:	MOSLEY, ELIZ 2690 CYPRES KISSIMMEE, F	S LANE EL 34746
Title: Name: Address: City-St-Zip:	D () I MOSLEY, ROBE 1448 SOPHIE W KISSIMMEE, FL	ΆΥ		Title: Name: Address: City-St-Zip:	D (X MOSLEY, ROE 2690 CYPRES KISSIMMEE, F	S LANE
Title: Name: Address: City-St-Zip:	D () I LOPEZ, CHRIST 1448 SOPHIE W KISSIMMEE, FL	ΆΥ		Title: Name: Address: City-St-Zip:	LOPEZ, CHRIS 2690 CYPRES	S LANE
Title: Name: Address: City-St-Zip:	D () I LOPEZ, LINDA 1448 SOPHIE W KISSIMMEE, FL			Title: Name: Address: City-St-Zip:	D (X LOPEZ, LINDA 2690 CYPRES KISSIMMEE, F	S LANE
Title: Name: Address: City-St-Zip:	D () I LOPEZ, HECTOR 1448 SOPHIE W KISSIMMEE, FL	ΆΥ		Title: Name: Address: City-St-Zip:	D (X LOPEZ, HECTO 2690 CYPRES KISSIMMEE, F	S LANE
Title: Name: Address: City-St-Zip:	D () I SANCHEZ, SORA 1472 SOPHIE W KISSIMMEE, FL	ΆΥ		Title: Name: Address: City-St-Zip:	(	) Change()Addition

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 OWNE 01/05/2007