

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092978

Entity Name: ELIZABETH MOSLEY, P.A.

FILED
Jul 23, 2008
Secretary of State

Current Principal Place of Business:

3121 INNOVATION DRIVE.
SAINT CLOUD, FL 34771

New Principal Place of Business:

2690 CYPRESS LANE
KISSIMMEE, FL 34746

Current Mailing Address:

2690 CYPRESS LANE
KISSIMMEE, FL 34746

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
3121 INNOVATION DRIVE
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

MOSLEY, ELIZABETH
2690 CYPRESS LANE
KISSIMMEE, FL 34746 US

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: ELIZABETH MOSLEY

07/23/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MOSLEY, ELIZABETH
Address: 2690 CYPRESS LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: MOSLEY, ROBERT
Address: 2690 CYPRESS LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: LOPEZ, CHRISTINE
Address: 2690 CYPRESS LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: LOPEZ, LINDA
Address: 2690 CYPRESS LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: LOPEZ, HECTOR III
Address: 2690 CYPRESS LANE
City-St-Zip: KISSIMMEE, FL 34746

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
Name:
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 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

07/23/2008

Electronic Signature of Signing Officer or Director

Date