

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State

04-28-2004 90268 031 ***150.00

DOCUMENT # P03000112332 1. Entity Name MOSS CREEK CUSTOM HOMES, INC.																																	
Principal Place of Business 185 DOGWOOD DR HAVANA FL 32333			Mailing Address 185 DOGWOOD DR HAVANA FL 32333																														
2. Principal Place of Business Tallahassee Suite, Apt. #, etc. #202		3. Mailing Address 1804 Miklosukkee Dr. Suite, Apt. #, etc.																															
City & State Tallahassee, Fla Zip 32311		City & State Tallahassee Zip 32311		4. FEI Number 59-2407766																													
Country LEON		Country LEON		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent BIGSBY, JOE M II 185 DOGWOOD DR HAVANA FL 32333				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 DATE 4-26-04 (NOTE: Registered Agent signature required when re-registering)																																	
RULE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 (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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT JOE M BIGSBY II 3984 GROVE PARK DR. </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP TALL, FLA 32311 </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT JOE M BIGSBY II 3984 GROVE PARK DR.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TALL, FLA 32311	☐ Delete											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition												
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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:				Date 5/10/04																													