## **2007 FOR PROFIT CORPORATION** FILED ANNUAL REPORT Mar 02, 2007 08:00 All Secretary of State DOCUMENT # P03000131367 RICHARD MOSLEY CONSTRUCTION, INC. Principal Place of Business Mailing Address 1355 CENTRAL PKWY 1355 CENTRAL PKWY GULF BREEZE, FL 32563 . US GULF BREEZE, FL 32563 US 02072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0390301 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOSLEY, RICHARD L DO NOT WRITE 1355 CENTRAL PKWY GULF BREEZE, FL 32563 IN THIS SPACE 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. Lam familiar with, and accept

the obligations of registered agent.	 	<b>3</b>	

SIGNATURE.

(NOTE: Registered Agent signature required when reinstating)

DATE

Applied For

Not Applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

03/13/07-80038-017 150.00

10. OFFICERS AND DIRECTORS TITLE NAME MOSLEY, RICHARD L STREET ADDRESS 1355 CENTRAL PKWY GULF BREEZE, FL 32563 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TIT) F

Signature, typed or printed name of registered agent and title if applicable.

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPEDIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR