

FILED
Feb 07, 2005 8:00 am
Secretary of State

DOCUMENT # P04000000076 1. Entity Name MOSLEY ENTERPRISES, INC.				Secretary of State 02-07-2005 90071 027 ***150.00	
Principal Place of Business 7685 FAIRBANKS FERRY RD HAVANA FL 32333-5054		Mailing Address 7685 FAIRBANKS FERRY RD HAVANA FL 32333-5054			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-2462298 ☒ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY RD QUINCY FL 32351			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOSLEY, FRANK J JR		NAME		
STREET ADDRESS	7685 FAIRBANKS FERRY RD		STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	PORTER, MELVIN		NAME	Stephen J. Guinand	
STREET ADDRESS	7685 FAIRBANKS FERRY RD		STREET ADDRESS	6753 Thomasville Rd. Suite # 108-152	
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP	Tallahassee, Florida 32312	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME	Sorry,	
STREET ADDRESS			STREET ADDRESS	Physical Address	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME	Stephen J. Guinand	
STREET ADDRESS			STREET ADDRESS	1046 Qodesh Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Tallahassee, Fl. 32312	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stat indicated on this report or supplemental report is true and accurate and that my signature shall h of the corporation or the receiver or trustee empowered to execute this report as required by Cha changed, or on an attachment with an address, with all other like empowered.			The above address is his mailing Address. in Block 11. Please forgive me and Bless you		
SIGNATURE: Frank J. Mosley Jr.			SIGNATURE: Frank J. Mosley Jr. 2-1-05 850-539-8823		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		