

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056986

FILED  
Mar 25, 2008  
Secretary of State

Entity Name: LAW OFFICES DONALD MOSES, P.A.

**Current Principal Place of Business:**

96 KIMBERLY COURT  
ATLANTIC BEACH, FL 32233 US

**New Principal Place of Business:**

**Current Mailing Address:**

96 KIMBERLY COURT  
ATLANTIC BEACH, FL 32233 US

**New Mailing Address:**

FEI Number: 54-2174142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOSES, DONALD  
96 KIMBERLY COURT  
ATLANTIC BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOSES, DONALD  
Address: 96 KIMBERLY COURT  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: T ( ) Delete  
Name: MOSES, DONALD  
Address: 96 KIMBERLY COURT  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DONALD MOSES

P

03/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date