

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 26, 2007 8:00 am
Secretary of State

02-01-2007 90028 026 ***150.00

DOCUMENT # P06000014972					
1. Entity Name JOHN M. MOSELEY PA					
Principal Place of Business 2135 LONNIE SHACKLEFORD RD ZOLFO SPRINGS, FL 33890 US			Mailing Address 2135 LONNIE SHACKLEFORD RD ZOLFO SPRINGS, FL 33890 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 204246899	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOSELEY, JOHN M 2135 LONNIE SHACKLEFORD RD ZOLFO SPRINGS, FL 33890				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				State 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: 1-30-07					
(NOTE: Registered Agent's signature required when re-issuing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE P NAME MOSELEY, JOHN M STREET ADDRESS 2135 LONNIE SHACKLEFORD RD CITY-ST-ZIP ZOLFO SPRINGS, FL 33890	<input type="checkbox"/> Delete				
TITLE VP NAME MOSELEY, FAYE C STREET ADDRESS 2135 LONNIE SHACKLEFORD RD CITY-ST-ZIP ZOLFO SPRINGS, FL 33890	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing 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: DATE: 1-30-07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					