

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**



07112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4246897

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MOSELEY, JOHN M  
2135 LONNIE SHACKLEFORD RD  
ZOLFO SPRINGS, FL 33890

**DO NOT WRITE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MOSELEY, JOHN M  
2135 LONNIE SHACKLEFORD RD  
ZOLFO SPRINGS, FL 33890

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MOSELEY, FAYE C  
2135 LONNIE SHACKLEFORD RD  
ZOLFO SPRINGS, FL 33890

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/08 883 245 1282

Date

Daytime Phone #