

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
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DOCUMENT # **P06000026470**

1. Entity Name



Moser Home Improvement Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

3491 Gatlin Dr

Suite, Apt. #, etc.

3. Mailing Address

486 N Harbor City Blvd

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Rockledge, Florida

Zip
32955

Country
US

City & State

Melbourne, Florida

Zip
32935

Country
US

4. FEI Number

20 4354825

Applied For

Not Applicable

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

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7. Name and Address of Current Registered Agent

Name **Steven Caruso**

Street Address (P.O. Box Number is Not Acceptable)

486 N. Harbor City Blvd

City **Melbourne**

FL

Zip Code
32935

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 re-instating)

DATE
19 May 2011

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

melbourne-tax-slayer@gmail.com

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marco Deutelmoser 3491 Gatlin Dr Rockledge, FL 32955
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\$3126

**900207320629
05/06/11-01037-005 **150.00**

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marco Deutelmoser

DATE

19 May 2011 (646) 302-0579

Daytime Phone #