## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000042642

Entity Name: MOSSWOOD FARM STORE, INC.

5824 SE 185TH AVE

MICANOPY, FL 32667

Address:

City-St-Zip:

FILED Apr 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 703 NE 1ST STREET MICANOPY, FL 32667 **Current Mailing Address: New Mailing Address:** 703 NE 1ST STREET MICANOPY, FL 32667 FEI Number: 20-8802188 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PEVONKA, M. PETER 5824 SE 185TH AVE MICANOPY, FL 32667 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PEVONKA, M PETER Name: Name: 5824 SE 185TH AVE Address: Address: City-St-Zip: MICANOPY, FL 32667 City-St-Zip: Title: DPST () Delete Title: () Change () Addition Name: PEVONKA, MORGAN M 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: MORGAN M PEVONKA DPST 04/09/2009