

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90324 001 ***300.00

DOCUMENT # P94000054291					
1. Entity Name MOSHAN MANAGEMENT, INC.					
Principal Place of Business 9530 NORTH TRASK TAMPA, FL 33624			Mailing Address 9530 NORTH TRASK TAMPA, FL 33624		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent MODZELEWSKI, HENRY 9530 NORTH TRASK TAMPA, FL 33624				7. Name and Address of New Registered Agent Name Lansky, Glen P.L. Street Address (P.O. Box Number is Not Acceptable) 137 South Parsons Avenue City Brandon	
State FL				Zip Code 33511	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
9. Election Campaign Financing					
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MODZELEWSKI, HENRY 9530 NORTH TRASK TAMPA, FL 33624	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANK, DAVID 9530 NORTH TRASK TAMPA, FL 33624	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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					
Date					
Daytime Phone #					

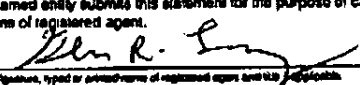
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3. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MODZELEWSKI, HENRY 9530 NORTH TRASK TAMPA, FL 33624		7. Name and Address of New Registered Agent Lansky, Glen P.L. Street Address (P.O. Box Number is Not Acceptable) 137 South Parsons Avenue City Brandon FL Zip Code 33511	
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 similar with, and accept the obligations of registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and CEO (if applicable)		DATE 4/5/04 DATE	
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 changed, or on an attachment with an address, without prior like empowered.			
SIGNATURE:  Signature and Title for Printed Name of Signature Officer or Director		DATE 4/5/04 Date	

66411507



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4. FEI Number
58-3254480 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
as Required

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	MODZELEWSKI, HENRY	
STREET ADDRESS	9530 NORTH TRASK	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	☐ Delete
NAME	SHANK, DAVID	
STREET ADDRESS	9530 NORTH TRASK	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: 
Signature and Title for Printed Name of Signature Officer or Director

Date

Form 1000-2