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2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P95000027687 04 JUN 30 AM 8: 00 MOSELEY & ASSOCIATES, INC. Principal Place of Business Mailing Address 1342 COLONIAL BLVD 1342 COLONIAL BLVD G-56 FT MYERS, FL 33907 US FT MYERS, FL 33907 2. Principal Place of Business 3. Mailing Address 12730 New BRITTAMY Blut. 12730 New BRITTANY Blud Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Chg-P CR2E034 (10/03) 429 429 City & State 4. FEI Number 65-0571577 Not Applicable \$8.75 Additional 5. Certificate of Status Desired hee 33907 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSELEY, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 1342 COLONIAL BLVD SUITE G-56 FT MYERS, FL 33907 City 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. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be_ FILE-NOW!!!#FEE.IS \$150.00a Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE Delete TITLE ☐ Addition O New Baittany Blu Svite 429 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT MYERS, FL 33907 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition MCKEAG, IAN T NAME NAME 100039084221 STREET ADDRESS 9320 BALLEAIA CT. STREET ADDRESS 07/14/04--01005--011 **150.00 NAPLES, FL 34102 CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete THILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJIY-SI-ZIP 12. Thereby certify that the information supplied with this filling 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. INTED NAME OF SIGNING OFFICER OR DIRECT





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June 10, 2004

Florida Department of State Division of Corporations ATTN: <u>Ruby Dunlop</u> P.O Box 6327 Tallahassee, FL 32314

Re: Document Number 95000027687

Dear Ms. Dunlop;

Enclosed is the corrected documentation for the renewal of the Annual Report for Moseley & Associates, Inc., Document Number \$2,000027687.

I have included all the correspondence and the forwarded envelope from the post office. Note that the forwarding label is dated 6/8/04. We received it on 6/10/04. We relocated our office 2 days after the original filing on April 26, 2004. My first notification that the renewal was improperly filed was June 10, 2004. For this reason, please consider waiver of the \$400 late filing fee.

Thank you for your assistance, and the advise on the procedure for refilling. Note the address change.

Richard L. Moseley,

Corporate Agent