# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 05, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # P95000027687

1. Entity Name
MOSELEY & ASSOCIATES, INC.

Principal Place of Business
1815 SE 6TH ST
CAPE CORAL, FL 33990 US

Mailing Address
1815 SE 6TH ST
429
CAPE CORAL, FL 33990 US

01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0571577
Applied For
Not Applicable

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

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

MOSELEY, RICHARD L
1815 SE 6TH ST
CAPE CORAL, FL 33990

**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**
**After May 1, 2007 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**10.** OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | MOSELEY, BETTY J |
| STREET ADDRESS | 1815 SE 6TH ST. |
| CITY-ST-ZIP | CAPE CORAL, FL 33990 |
| TITLE | VP |
| NAME | MCKEAG, IAN T |
| STREET ADDRESS | 9320 BALLEAIA CT. |
| CITY-ST-ZIP | NAPLES, FL 34102 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/13/07-80079-025 150.00

**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:** X Betty J. Moseley 3-01-07 239-936-2245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Betty J. Moseley, President