


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000049898</b> 1. Entity Name <b>HERNANDO MOSS, INC.</b>	
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Principal Place of Business <b>1151 E. CLEVELAND STREET HERNANDO, FL 34442 US</b>	Mailing Address <b>1151 E. CLEVELAND STREET HERNANDO, FL 34442</b>
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**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-P CR2E034 (11/05)

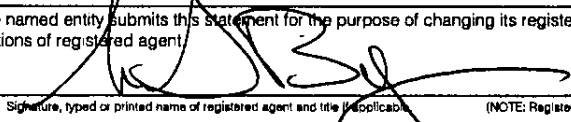
4. FEI Number <b>59-3323052</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**BUMGARNER, ARBUTH O  
1151 E. CLEVELAND STREET  
HERNANDO, FL 34442**

**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:  DATE: **080104**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

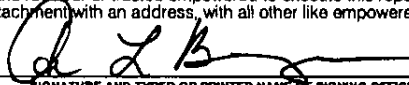
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000369394 04/09/08-90046-017 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT BUMGARNER, ARBUTH O 1151 E. CLEVELAND STREET HERNANDO, FL 34442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS BUMGARNER, ANN L 1151 E. CLEVELAND STREET HERNANDO, FL 34442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Ann L. Bumgarner** 1/4/2008 **352-344-9325**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #