

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90434 001 ***300.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P95000059735 1. Entity Name MCCARVER-MOSER, INC.			
Principal Place of Business 482 JOHN RINGLING BLVD SUITE 1 SARASOTA, FL 34236 US		Mailing Address 482 JOHN RINGLING BLVD SUITE 1 SARASOTA, FL 34236 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 46 N. WASHINGTON BLVD. SUITE 1 SARASOTA, FL Zip 34236 Country	
4. PFI Number 65-0615212		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTERSON, JOHN 46 N. WASHINGTON BLVD. SUITE 1 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 (entirely applicable) (NOTE: Registered Agent signature required when re-registering)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MCCARVER, EVERETT JR. 482 JOHN RINGLING BLVD. SARASOTA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS MOSER, ROLAND P. 482 JOHN RINGLING BLVD. SARASOTA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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 EVERETT McCARVER, President		Date 4-27-04 941 Daytime Phone (941) 388-3666	