

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054346

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: MOSER FAMILY THERAPY, INC.

## Current Principal Place of Business:

343 E DUVAL ST  
STE 101  
LAKE CITY, FL 32055

## New Principal Place of Business:

## Current Mailing Address:

266 SOUTH EAST TORTOISE COURT  
LAKE CITY, FL 32025

## New Mailing Address:

FEI Number: 59-3392642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOSER, J M  
343 E DUVAL ST  
SUITE 101  
LAKE CITY, FL 33055 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MOSER, J M  
Address: 266 SOUTH EAST TORTOISE COURT  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: MOSER, PAULA F  
Address: 266 SOUTH EAST TORTOISE COURT  
City-St-Zip: LAKE CITY, FL 32025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J MARK MOSER

D

01/04/2005

Electronic Signature of Signing Officer or Director

Date