03/25/2004 17:02 FAX 321 984 0986 PRECISE TITLE INC

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90084 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000076100

1. Entity Name
JOEL S. MOSS, P.A.

94039127

Principal Place of Business	Mailing Address
47 W NEW HAVEN AVENUE SUITE 200 MELBOURNE, FL 32901	47 W NEW HAVEN AVENUE SUITE 200 MELBOURNE, FL 32901

2. Principal Place of Business	3. Mailing Address
1900 S. Harbor City Blvd	1900 S. Harbor City Blvd
Suite, Apt. #, etc. Suite 346	Suite, Apt. #, etc. Suite 346.
City & State Melbourne	City & State Melbourne
Zip 32901 Country Brevard	Zip 32901 Country Brevard

03252004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2359386 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOSS, JOEL S 47 W NEW HAVEN AVENUE SUITE 200 MELBOURNE, FL 32901	Name Street Address (P.O. Box Number is Not Acceptable) 1900 S. Harbor City Blvd, Suite 346 City Melbourne FL Zip Code 32901

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: Joel S. Moss DATE 3-24-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTD MOSS, JOEL S 47 W NEW HAVEN AVENUE STE 200 MELBOURNE, FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1900 S. Harbor City Blvd, Suite 346	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Joel S. Moss 3-24-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #