## 2005 FOR PROFIT CORPORATION

DOCUMENT # P96000076100

1. Entity Name

JOEL S. MOSS, P.A.

## **ANNUAL REPORT**

**FILED** Sep 09, 2005 8:00 am Secretary of State

07-18-2005 90046 045 \*\*\*150.00 09-09-2005 90028 034 \*\*\*400.00

Principal Place of Business Mailing Address 50065858 1900 S HARBOR CITY BLVD. 1900 S HARBOR CITY BLVD. STE. 346 STE. 346 MELBOURNE, FL 32901 MELBOURNE, FL 32901 2. Principal Place of Business. 1236 MOEKING BIRDA Malling Address P. D. Box 399 Suite, Apt. \*, etc. 01182005 CR2E034 (10/03) Chg-P MELBOURNE, FL 4. FEI Number Applied For 59-2359386 Not Applicable BREVARD \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSS, JOEL S et Address (P.O. Box Number is Not Acceptable) 1900 S HARBOR CITY BLVD. STE. 346 MELBOURNE, FL 32901 NDIALANTIC 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 familia the obligations of registered agent. SIGNATURE Signature, Hosed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE Defete TILE ☐ Change ☐ Addition HALLE MOSS, JOEL S HAME LANE 2236 MOCKINGBIRD 1900 S HARBOR CITY BLVD, STE. 346 STREET ADDRESS STREET ADORESS 32903 CUA-21-70 MELBOURNE, FL 32901 CITY-ST-21P HILE ☐ Change ☐ Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP TITLE ☐ Delete MALE ☐ Change ☐ Addition MALE NAME

CITY-ST-ZIP 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 cath; 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 attachmentylyth an address, with all other like empowered.

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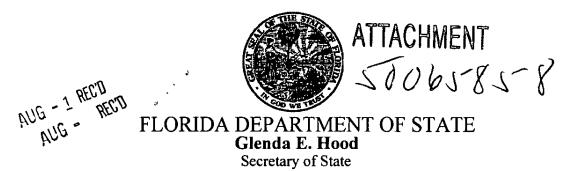
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July 21, 2005

JOEL S. MOSS, P.A. P.O. BOX 399 MELBOURNE, FL 32902 US

Subject: JOEL S. MOSS, P.A.

Reference Number:

P96000076100

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD ANNUAL REPORTS SECTION