


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000001144 1. Entity Name D.J. MOSS CONSULTANT, INC.	
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Principal Place of Business 5909 ROBLE LOMA DRIVE PENSACOLA, FL 32526	Mailing Address 5909 ROBLE LOMA DRIVE PENSACOLA, FL 32526
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01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3416902	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOSS, DAVID J 5909 ROBLE LOMA DRIVE PENSACOLA, FL 32526	<div style="border: 1px solid black; padding: 20px; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>
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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MOSS, DAVID J
STREET ADDRESS	5909 ROBLE LOMA DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	D
NAME	MOSS, JEAN A
STREET ADDRESS	5909 ROBLE LOMA DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/07-80019-019 158.75

DO NOT WRITE
IN THIS SPACE

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: DAVID J. MOSS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-2007 850 777 4493
Date Daytime Phone #