

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000024371**

1. Entity Name  
**DAN MOSES, P.A.**



Principal Place of Business  
**1 SOUTH OCEAN BLVD.  
SUITE 317  
BOCA RATON, FL 33432**

Mailing Address  
**1 SOUTH OCEAN BLVD.  
SUITE 317  
BOCA RATON, FL 33432**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0736264**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DAN MOSES, DAN  
SOUTH OCEAN BLVD.  
SUITE 317  
BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

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]* **DAN W. MOSES**

**1/8/07**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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**

**000000588700  
01/17/07-80084-002 150.00**

**OFFICERS AND DIRECTORS**

1. NAME	<b>PSTD MOSES, DAN</b>
2. ADDRESS	<b>1 SOUTH OCEAN BLVD SUITE 317</b>
3. CITY - ZIP	<b>BOCA RATON, FL 33432</b>
4. ADDRESS	
5. CITY - ZIP	
6. ADDRESS	
7. CITY - ZIP	
8. ADDRESS	
9. CITY - ZIP	
10. ADDRESS	
11. CITY - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 contained 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **DAN W. MOSES**

Date

Daytime Phone #