

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-02-2004 90044 049 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P97000031578 1. Entity Name MOSQUITO CREEK INVESTMENT CORP.					
Principal Place of Business 3033 TANAGER TR TALLAHASSEE FL 32303 US			Mailing Address 3033 TANAGER TR TALLAHASSEE FL 32303 US		
2. Principal Place of Business 2200 NAPOLEON BONAPARTE Suite, Apt. #, etc. TALLAHASSEE, FL City & State		3. Mailing Address 2200 NAPOLEON BONAPARTE Suite, Apt. #, etc. TALLAHASSEE, FL City & State			
Zip 32308	Country USA	Zip 32308	Country USA	4. FEI Number 59-3438860 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
6. Name and Address of Current Registered Agent GUARISCO, PETER 3350 W LAKESHORE DR TALLAHASSEE FL 32312					
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 D MAYO, WAYNE O 1150 BELL ROAD HAVANA FL 32333	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HARTSFIELD, D B 1206 MIMOSA DRIVE TALLAHASSEE FL 32312	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD MAYO, KENNETH R 3033 TANAGER TR TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP TD RICKS, JAMES A 2200 NAPOLEON BONAPARTE DR. TALLAHASSEE, FL 32308	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/13/04 850/570-1751 <small>Date Daytime Phone #</small>	