2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 19, 2005 08:00 AM **DOCUMENT # P97000058100 Secretary of State** 1. Entity Name JOHN J. MOUSA & ASSOCIATES, INC. Principal Place of Business ____ Mailing Address 915 NW 45TH TERRACE 915 NW 45TH TERRACE GAINESVILLE, FL 32605 GAINESVILLE, FL 32605 01162005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 59-3455821 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOUSA, JOHN J DO NOT WRITE 915 NW 45TH TERRACE GAINESVILLE, FL 32605 IN THIS SPACE 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS NAME MOUSA, JOHN J UMMANA185560 915 NW 45TH TERRACE STREET ADDRESS 01/21/05-80020-017 150.00 CITY-ST-ZIP GAINESVILLE, FL 32605 ST TITLE MOUSA, JOANNE G NAME STREET ADDRESS 915 NW 45TH TERRACE CITY-ST-ZIP GAINESVILLE, FL 32605 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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)(1), 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.

JOHN J. MOUSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

PRESIDENT

JAN 17, 2005

FILED