

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT# P97000105203

1. EntityName
MOSSROADOFCENTRALFLORIDA,INC.



PrincipalPlaceofBusiness
921 DOUGLAS AVENUE #200
ALTAMONTE SPRINGS, FL 32714

MailingAddress
921 DOUGLAS AVENUE #200
ALTAMONTE SPRINGS, FL 32714



04192005 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
59-3487782
AppliedFor
NotApplicable
5. CertificateofStatusDesired ☐ \$8.75 Additional
FeeRequired

6. NameandAddressofCurrentRegisteredAgent

LAFRENIERE,STEPHENJ
921DOUGLASAVENUE#200
ALTAMONTESPRINGS,FL32714

**DO NOT WRITE
IN THIS SPACE**

8. Theabovenamedentitysubmits thisstatementfor thepurposeof changingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept
theobligationsofregisteredagent.

SIGNATURE _____ (NOTE RegisteredAgentsignaturerequiredwhere
Signature,typedorprintednameofregisteredagentandif applicable. (instating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. ElectionCampaignFinancing
TrustFundContribution. ☐ \$5.00 MayBe
AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE NAME STREETADDRESS CITY-ST-ZIP	D LAFRENIERE,STEPHENJ 921DOUGLASAVENUE#200 ALTAMONTESPRINGS,FL32714
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U00000321065
04/21/05-80064-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. Iherebycertifythattheinformation suppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation
indicatedonthisreport,asupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIam anofficerordirector
ofthecorporationorthereceiverortrusteeempoweredtoexecute thisreportasrequiredbyChapter607,FloridaStatutes;an
changed,oronanattachmentwith anaddress,withallotherlikeempowered
thatmynameappearsinBlock 10orBlock 11if

SIGNATURE: STEPHEN J. LAFRENIERE 4/19/05 (407) 786-4001
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#