# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2006 8:00 am**
**Secretary of State**
04-24-2006 90389 024 ***158.75

DOCUMENT # P97000105203

1. Entity Name
MOSS ROAD OF CENTRAL FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 921 DOUGLAS AVENUE #200<br>ALTAMONTE SPRINGS, FL 32714 | 921 DOUGLAS AVENUE #200<br>ALTAMONTE SPRINGS, FL 32714 |

01032006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1180 Spring Centre S. Blvd. | 1180 Spring Centre S. Blvd. |
| Suite, Apt. #, etc.: Suite 102 | Suite, Apt. #, etc.: Suite 102 |
| City & State: Altamonte Springs, FL | City & State: Altamonte Springs, FL |
| Zip: 32714 Country: U.S.A. | Zip: 32714 Country: U.S.A. |

4. FEI Number: 59-3487782 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LAFRENIERE, STEPHEN J<br>921 DOUGLAS AVENUE #200<br>ALTAMONTE SPRINGS, FL 32714 | Name: LaFreniere, Stephen J.<br>Street Address (P.O. Box Number is Not Acceptable): 1180 Spring Centre S. Blvd.<br>Suite 102<br>City: Altamonte Springs FL Zip Code: 32714 |

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: Stephen J. LaFreniere 4/19/06
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, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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<br>LAFRENIERE, STEPHEN J<br>921 DOUGLAS AVENUE #200<br>ALTAMONTE SPRINGS, FL 32714 | ☐ Delete | D<br>LaFreniere, Stephen J.<br>1180 Spring Centre S. Blvd. #102<br>Altamonte Springs, FL 32714 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** Stephen J. LaFreniere 4/19/06 (407) 786-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #