

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000041077					
1. Entity Name MOOS INVESTMENTS, INC.					
Principal Place of Business 536 SPINNAKER LANE LONGBOAT KEY, FL 34228			Mailing Address 2198 MAIN STREET SARASOTA, FL 34237		
2. Principal Place of Business - No P.O. Box # 1990 Main Street		3. Mailing Address 1990 Main Street			
Suite, Apt. #, etc. Suite 801		Suite, Apt. #, etc. Suite 801			
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34236		Country USA			
4. FEI Number 85-0836850		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JAENSCH, P. CHRISTOPHER 2198 MAIN STREET SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name: Renee M. Glendinning, CPA Street Address (P.O. Box Number is Not Acceptable): 1990 Main Street Suite 801 City: Sarasota, FL Zip Code: 34236		
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: <u>Renee M. Glendinning</u> DATE: <u>3/8/08</u> Signature, typed or printed name of registered agent and date of execution. (NOTE: Registered Agent's signature required when registering.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 D NAME MOOS, GABRIELE STREET ADDRESS 536 SPINNAKER LANE CITY-ST-ZIP LONGBOAT KEY, FL 34228	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE D NAME MOOS, SUSANNE STREET ADDRESS 536 SPINNAKER LANE CITY-ST-ZIP LONGBOAT KEY, FL 34228	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE V NAME JAENSCH, PETER STREET ADDRESS 2198 MAIN STREET CITY-ST-ZIP SARASOTA, FL 34237	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ 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 807, 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-8-08 Date		