## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000035969

Current Principal Place of Rusiness:

Entity Name: MOHS TECHNICAL CONSULTING, INC.

FILED Apr 26, 2007 Secretary of State

Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
FEI Number: 01-0691258	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
6028 PICKWICK ROAD TALLAHASSEE, FL 32309	)		
Current Mailing Address:		New Mailing Address:	
6028 PICKWICK ROAD TALLAHASSEE, FL 32309	)		
Current Finicipal Flace of Business.		New Fillicipal Flace Of	Dusilless.

BECK, BARBARA HUSEMAN & MARQUINEZ, P.A 3733 UNIVERSITY BLVD. WEST 6028 PICKWICK ROAD TALLAHASSEE, FL 32309 STE 210-B US

JACKSONVILLE, FL 32217 US

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.

SIGNATURE: WILLIAM R. HUSEMAN 04/26/2007

> Electronic Signature of Registered Agent Date

> > Title:

City-St-Zip:

CFO

Election Campaign Financing Trust Fund Contribution ( ).

() Delete

## **OFFICERS AND DIRECTORS:**

Title:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TALLAHASSEE, FL 32309

(X) Change ( ) Addition

New Principal Place of Rusiness

BECK, BARBARA BECK, BARBARA Name: Name: 6028 PICKWICK ROAD 6028 PICKWICK ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309 Title: () Delete Title: PRES ( ) Change (X) Addition Name: Name: BECK, WALTER Address: Address: 6028 PICKWICK ROAD TALLAHASSEE, FL 32309 City-St-Zip: City-St-Zip: Title: Title: () Delete VΡ ( ) Change (X) Addition Name: BECK, BRIAN Name: 6028 PICKWICK ROAD Address Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32309 Title: () Delete Title: TREA ( ) Change (X) Addition BECK, BARBARA Name: Name: 6028 PICKWICK ROAD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. HUSEMAN 04/26/2007 RA