## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000035969

6028 PICKWICK ROAD

TALLAHASSEE, FL 32309

Address:

City-St-Zip:

FILED Feb 18, 2009 Secretary of State

Entity Name: MOHS TECHNICAL CONSULTING, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	WICK ROAD SSEE, FL 323	09			
Current Mailing Address:			New Mailing Address:		
	WICK ROAD SSEE, FL 323	09			
FEI Number	: 01-0691258	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
HUSEMAN & MARQUINEZ, P.A. 3733 UNIVERSITY BLVD. WEST STE 210-B JACKSONVILLE, FL 32217 US			3733 UNIVERSITY BL STE 210-B	WILLIAM R.HUSEMAN, P.A. 3733 UNIVERSITY BLVD. WEST STE 210-B JACKSONVILLE, FL 32217 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: WILLIAM R. HUSEMAN				02/18/2009	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO ( BECK, BARBAI 6028 PICKWIO TALLAHASSEE	K ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PRES ( BECK, WALTE 6028 PICKWIO TALLAHASSEE	K ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( BECK, BRIAN 6028 PICKWIO TALLAHASSEE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TREA (	) Delete RA	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM R. HUSEMAN RΑ 02/18/2009