


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90064 024 ***150.00

DOCUMENT # S25677	
1. Entity Name MOSS & COMPANY, P.A.	

Principal Place of Business 1800 PEMBROOK DRIVE SUITE 300 ORLANDO, FL 32810 US	Mailing Address 1800 PEMBROOK DRIVE SUITE 300 ORLANDO, FL 32810 US
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2. Principal Place of Business - No P.O. Box # 151 SOUTHHALL LN.	3. Mailing Address 151 SOUTHHALL LN
Suite, Apt. #, etc. SUITE 140	Suite, Apt. #, etc. SUITE 140

City & State MAITLAND, FL	City & State MAITLAND, FL
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Zip 32751	Country US	Zip 32751	Country US
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03232007 Chg-P CR2E034 (12/06)


4. FEI Number
59-3041721

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
MOSS, JEFFERY A 2508 MOHAWK TRAIL MAITLAND, FL 32751	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code FL

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:  (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, ALAN 2462 CASTLEWOOD RD. MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MOSS, ALAN 115 AUTUMN DR. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DSTP MOSS, JEFFREY A. 2508 MOHAWK TRAIL MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Date: **3/22/07** Daytime Phone #: **407-978-6400**