2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # S61537 02-03-2006 90010 040 ***150.00 1. Entity Name PHILIP J. MOSES, JR., P.A. Principal Place of Business Mailing Address 40008283 816 S.W. MAIN BLVD 816 S.W. MAIN BLVD LAKE CITY, FL 32025 LAKE CITY, FL 32025 LIS US 2. Principal Place of Business 3. Mailing Address 4424 NW American 4424 NO American Lane Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 CR2E034 (11/05) Suite 101 <u> Suite 101</u> City & State City & State 4. FEI Number Applied For Lake C 59-3068439 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32055 us 32055 WS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSES, PHILIP J., JR. Street Address (P.O. Box Number is Not Acceptable) 816 S.W. MAIN BLVD 4424 NW American LAKE CITY, FL 32025 101 City, Zip Code 32055 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change ! ☐ Addition TITLE MOSES, PHILIP J., JR. NAME 816 S.W. MAIN BLVD STREET ADDRESS 4424 NW American Lane Suite 101 STREET ADDRESS CITY-ST-ZIP LAKE CITY, FL 32025 CITY-ST-ZIP Lake City ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Oelete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

2/1/06

386-752-462

FILED Feb 03, 2006 8:00 am