

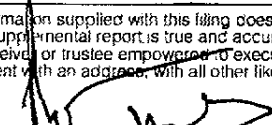


FILED
Feb 09, 2004 08:00-AM
Secretary of State

DOCUMENT # \$64082 1. Entity Name ROBERT T. MOSBY, INC.			
Principal Place of Business 4705 MCINTOSH RD. SARASOTA, FL 34233		Mailing Address 4705 MCINTOSH RD. SARASOTA, FL 34233	
DO NOT WRITE IN THIS SPACE			
		01292004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0300317	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSBY, ROBERT T. 4705 MCINTOSH RD. SARASOTA, FL 34233		DO NOT WRITE IN THIS SPACE	
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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSBY, ROBERT T. 4705 MCINTOSH RD. SARASOTA, FL		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  ROBERT MOSBY		Date 1/29/04	