

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S99715

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** MOSPORT AUTOMOTIVE SERVICES, INC.

**Current Principal Place of Business:**

3122-7 LEON RD  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

4649 BEDFORD RD.  
JACKSONVILLE, FL 32207 US

**Current Mailing Address:**

3122-7 LEON ROAD  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

4649 BEDFORD RD.  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-3107707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELLS, MOSS S.  
3122-7 LEON ROAD  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

WELLS, MOSS S.  
4649 BEDFORD RD.  
JACKSONVILLE, FL 32207 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: \_\_\_\_\_

04/07/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVS ( ) Delete  
Name: WELLS, MOSS S  
Address: 3122-7 LEON ROAD  
City-St-Zip: JACKSONVILLE, FL

Title: T ( ) Delete  
Name: WELLS, MOSS S  
Address: 3122-7 LEON ROAD  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVS (X) Change ( ) Addition  
Name: WELLS, MOSS S  
Address: 4649 BEDFORD RD.  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: T (X) Change ( ) Addition  
Name: WELLS, MOSS S  
Address: 4649 BEDFORD RD.  
City-St-Zip: JACKSONVILLE, FL 32207 US

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: MOSS S. WELLS

PVS

04/07/2009

Electronic Signature of Signing Officer or Director

Date