

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000092972

**Entity Name:** M.I.S. MOSS INTEGRATION SOLUTIONS, INC.**Current Principal Place of Business:**6542 SKYVIEW DRIVE  
NORTH PORT, FL 34291**Current Mailing Address:**6542 SKYVIEW DRIVE  
NORTH PORT, FL 34291**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKAY LAW FIRM, P.A.  
1904 MANATEE AVENUE WEST  
SUITE 300  
BRADENTON, FL 34205 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	MOSS, RAGON D
Address	6542 SKYVIEW DRIVE
City-State-Zip:	NORTH PORT FL 34291

Title	VP
Name	MOSS, RAGON D
Address	6542 SKYVIEW DRIVE
City-State-Zip:	NORTH PORT FL 34291

Title	S
Name	MOSS, RAGON D
Address	6542 SKYVIEW DRIVE
City-State-Zip:	NORTH PORT FL 34291

Title	T
Name	MOSS, RAGON D
Address	6542 SKYVIEW DRIVE
City-State-Zip:	NORTH PORT FL 34291

Title	D
Name	MOSS, RAGON D
Address	6542 SKYVIEW DRIVE
City-State-Zip:	NORTH PORT FL 34291

*I hereby 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 all other like empowered.*

**SIGNATURE:** RAGON MOSS**PRESIDENT****04/13/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date