

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K48995

FILED
Jan 21, 2011
Secretary of State

Entity Name: MOORE GARNER GRAVES, INC.

Current Principal Place of Business:

499 N ST RD 434
SUITE 2179
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

499 N ST RD 434
SUITE 2179
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-2927739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLINGSWORTH, GEORGE R II
499 N ST RD 434
SUITE 2179
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: MOORE, BARBARA J
Address: 499 N SR 434 SUITE 2179
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DV
Name: GARNER, JOHN M
Address: 499 N SR 434 SUITE 2179
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD
Name: HOLLINGSWORTH, GEORGE R II
Address: 499 N SR 434 SUITE 2179
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: STEIN, TRACY
Address: 499 N SR 434 SUITE 2179
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: GRAVES, BEVERLY
Address: 499 N ST 434 SUITE 2179
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: GEORGE R HOLLINGSWORTH II

TRES

01/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date