## 2004 FOR PROFIT CORPORATION

## **FILED** May 03, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P00000114652 DON MOORE LCSW, INC. Principal Place of Business Mailing Address 2699 STIRLING RD, SUITE #C403A 2699 STIRLING RD, SUITE #C403A FT LAUDERDALE, FL 33312 FT LAUDERDALE, FL 33312 04222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1063004 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOORE, DON DO NOT WRITE 2699 STIRLING RD, SUITE #C403A FT LAUDERDALE, FL 33312 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, typed or printed name of registered agent and title If applicable (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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE MOORE, DON NAME STREET ADDRESS 11828 SW 42ND CT **DAVIE, FL 33330** CITY-ST-ZIP TITLE 05/04/04-80050-021 150.00 NAME STREET ADDRESS CITY -ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information inclicated 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 thistee 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:

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #