

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016769

FILED  
Sep 03, 2005  
Secretary of State

**Entity Name:** MOYER'S FRAMING AND TRIM, INC.

**Current Principal Place of Business:**

443 ROME AVENUE  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

443 ROME AVENUE  
PALM BAY, FL 32907

**New Mailing Address:**

**FEI Number:** 20-1303486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MULLER, DICK S  
1127 S.PATRICK DRIVE  
SUITE #3  
SATELLITE BEACH, FL 32937 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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOYER, SCOTT  
Address: 443 ROME AVENUE  
City-St-Zip: PALM BAY, FL 32907

Title: VPD ( ) Delete  
Name: ANDERSON, MIKE  
Address: 1638 HEARTWELLVILLE ST. NW  
City-St-Zip: PALM BAY, FL 32907

Title: TD ( ) Delete  
Name: PANDOLFO, VINNE  
Address: P.O. BOX 2038  
City-St-Zip: SATELLITE BEACH, FL 32937

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** SCOTT MOYER

PD

09/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date