

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90462 008 ***150.00

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1. Entity Name

MOORISH AMERICAN SERVICE COMPANY



Principal Place of Business

**3016 E FLORA ST
TAMPA FL 33610**

Mailing Address

**3016 E FLORA ST
TAMPA FL 33610**

2. Principal Place of Business

3016 E FLORA ST

Suite, Apt. #, etc.

n/a

3. Mailing Address

3016 E FLORA ST

Suite, Apt. #, etc.

n/a



1st MOORE

CR2E034 (10/04)

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number

72-1581366

Applied For

Not Applicable

Zip

33610

Country

HILLSBOROUGH

Zip

33610

Country

HI - HONOLULU

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLEMAN EL, PAUL
3016 E FLORA ST
TAMPA FL 33610**

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

N/A

City

N/A

FL

Zip Code

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **COLEMAN EL, PAUL**
STREET ADDRESS **3016 E FLORA ST**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **VTS** ☐ Delete
NAME **COLEMAN EL, JOAN**
STREET ADDRESS **3016 E FLORA ST**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **P. Coleman El Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Apr 05 813-743-5108

Date

Daytime Phone #