


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000104542
 1. Entity Name
 ANDREW MOORE, INC.



Principal Place of Business 17643 S.E. HIGHWAY 450 UMATILLA, FL 32784	Mailing Address P.O. BOX 1912 UMATILLA, FL 32784
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3432705	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WEATHERFORD, JOHN D
 910 S. BAY STREET
 EUSTIS, FL 32726

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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] [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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOORE, ANDREW G
STREET ADDRESS	17643 S.E. HIGHWAY 450
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/20/06-80051-005 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #