

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K48995

**Entity Name:** MOORE GARNER GRAVES, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-2927739

**Certificate of Status Desired:** No

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

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

*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:** GEORGE R HOLLINGSWORTH, II

01/21/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title D  
Name GRAVES, BEVERLY  
Address 499 N ST 434 SUITE 2179  
City-State-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

SECRETARY

01/21/2015

Electronic Signature of Signing Officer/Director Detail

Date