

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000000769

**Entity Name:** CHARLES D. MOULD, INC.

**Current Principal Place of Business:**

169 ACE HIGH STABLE RD  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

169 ACE HIGH STABLE RD  
CRAWFORDVILLE, FL 32327 US

**FEI Number:** 65-1066032

**Certificate of Status Desired:** No

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

MOULD, CHARLES D  
169 ACE HIGH STABLE RD  
CRAWFORDVILLE, FL 32327 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MOULD, CHARLES  
Address 169 ACE HIGH STABLE RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title VP  
Name MOULD, NANCY  
Address 169 ACE HIGH STABLE RD  
City-State-Zip: CRAWFORDVILLE FL 32327

*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:** MOULD , CHARLES

P

03/30/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date