

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 186939

1. Entity Name
MOULTON PROPERTIES, INC.



Principal Place of Business

**380 LURTON STREET
P O BOX 12524
PENSACOLA, FL 32591 US**

Mailing Address

**380 LURTON STREET
P O BOX 12524
PENSACOLA, FL 32591 US**



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0785695	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOULTON, JAMES C.
380 LURTON STREET
PENSACOLA, FL 32505**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	MOULTON, ROBERT W
STREET ADDRESS	380 LURTON ST
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	PDT
NAME	MOULTON, JAMES C
STREET ADDRESS	380 LURTON ST
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	VAS
NAME	MOULTON, MARY E
STREET ADDRESS	380 LURTON ST
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	AS
NAME	MOULTON, MARTHA M
STREET ADDRESS	380 LURTON ST
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

Mary E. Moulton VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #