


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 234944 1. Entity Name MOORHEAD ENGINEERING COMPANY	
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Principal Place of Business P O BOX 998 305 S.E. FIRST AVENUE OCALA, FL 34471	Mailing Address P O BOX 998 305 S.E. FIRST AVENUE OCALA, FL 34471
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0898536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLEMMONS, WILLIAM E 305 SE FIRST AVE OCALA, FL 34471
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**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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000638745 02/27/07-80043-018 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEMMONS, W. ELTON 3030 E HWY 318 CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CLEMMONS, WILLIAM E JR. 18481 NE 19TH CT. CITRA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IANNARELLI, DOUGLAS O 650 SE 28TH AVE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARNADOE, BRUCE M 6051 SE 19TH CT OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Clemmons

Date

01-05-07

Daytime Phone #

352

732-4406