2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 234944

Address:

City-St-Zip:

6051 SE 19TH CT

OCALA, FL 34480

Entity Name: MOORHEAD ENGINEERING COMPANY

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
P O BOX 9 305 S.E. F OCALA, F	IRST AVENUE	305 S.E FIRST AVENUE OCALA, FL 34471 US
Current N	lailing Address:	New Mailing Address:
P O BOX 9 305 S.E. F OCALA, F	IRST AVENUE	P.O. BOX 998 OCALA, FL 34478 US
FEI Number	: 59-0898536 FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Age	ent: Name and Address of New Registered Agent:
305 SE FIF OCALA, F The above	L 34471 US named entity submits this statement for	or the purpose of changing its registered office or registered agent, or bo
	e of Florida.	
SIGNATUI	RE: Electronic Signature of Register	red Agent Date
Election Car	· · ·	· ·
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	S () Delete CLEMMONS, W. ELTON 3030 E HWY 318 CITRA, FL 32113	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	PTD () Delete CLEMMONS, WILLIAM E JR. 18481 NE 19TH CT. CITRA, FL	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VD () Delete IANNARELLI, DOUGLAS O 650 SE 28TH AVE OCALA, FL	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name:	VD () Delete VARNADOE, BRUCE M	Title: () Change () Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: WILLIAM E. CLEMMONS, JR. PTD 01/26/2009