

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 258426**

1. Entity Name

MOULTON BROTHERS, INC.



Principal Place of Business

380 LURTON STREET  
PENSACOLA, FL 32505-2297

Mailing Address

380 LURTON STREET  
PENSACOLA, FL 32505-2297



01312006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1009669

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOULTON, JAMES C.  
380 LURTON ST.  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000501235  
04/25/06-80053-025 158.75

10. OFFICERS AND DIRECTORS

TITLE VSD  
NAME MOULTON, ROBERT W  
STREET ADDRESS 380 LURTON ST  
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE PTD  
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, MARHTA 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

**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:

*Martha M Moulton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06

850-438-5655

Date

Daytime Phone #