

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 352119**

1. Entity Name  
**MOORE FOUNDRY AND MACHINE COMPANY, INC.**



Principal Place of Business  
**133 WEST KALEY STREET  
ORLANDO, FL 32806**

Mailing Address  
**133 WEST KALEY STREET  
ORLANDO, FL 32806**



03082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1319484</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MOORE, CECIL D.  
5329 ISLEWORTH COUNTRY CLUB DR  
WINDERMERE, FL 34786-8929**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable.

**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**

U00000675730  
03/30/07-80031-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MOORE, CECIL D.
STREET ADDRESS	5329 ISLEWORTH CC DRIVE
CITY - ST - ZIP	WINDERMERE, FL 347868929

TITLE	STD
NAME	MOORE, JON E.
STREET ADDRESS	1035 LAKE WELDONA DR
CITY - ST - ZIP	ORLANDO, FL 32806

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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**

*Cecil D. Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone**

*3-15-07 407-4229933*