

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90026 024 ***150.00

DOCUMENT # 517941 1. Entity Name KEN MOORE ASSOCIATES, INC.					
Principal Place of Business 522 E COLONIAL DR ORLANDO, FL 32803			Mailing Address 128 VARIETY TREE CIR ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1697731	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MOORE, KENNETH W. JR. 522 E COLONIAL DR ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO MOORE, KENNETH W. JR. 128 VARIETY TREE CIRCLE ALTAMONTE SPRINGS, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOORE, JEAN C. 128 VARIETY TREE CIRCLE ALTAMONTE SPRINGS, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JOHN FRANCIS 522 E COLONIAL DR ORLANDO, FL 32803	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, K GERALD 8658 ASPEN AVE ORLANDO, FL 32817	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLLINS, CYNTHIA M 522 EAST COLONIAL DRIVE ORLANDO, FL 32803	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Whiting Patricia Moore</i> <i>1091 New Castle Lane</i> <i>Oviedo, FL 32765</i>	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 N James Orlando FL 32803	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Ken Moore Jr</i> 2/16/05 407-473-8345 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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