

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90030 012 \*\*\*150.00

DOCUMENT # 537565

1. Entity Name

ANDY MOORMAN WOODMERE FARM, INC.



Principal Place of Business

2000 BORDER RD.  
VENICE FL 34292

Mailing Address

2000 BORDER RD.  
VENICE FL 34292

2. Principal Place of Business

386 HAVANA RD. N.

3. Mailing Address

386 HAVANA RD. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

VENICE, FL

4. FEI Number

59-1767966

Applied For

Not Applicable

Zip

34292-2526

Country

SARASOTA

Zip

34292-2526

Country

SARASOTA

5. Certificate of Status Desired

☐ NEW ☒ CURRENT

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOORMAN, ANDREA  
WOODMERE FARM INC  
2000 BORDER RD.  
VENICE FL 34292

7. Name and Address of New Registered Agent

Name

MOORMAN, ANDREA

Street Address (P.O. Box Number is Not Acceptable)

WOODMERE FARM, INC

386 HAVANA RD N.

City

VENICE

FL

Zip Code

34292

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

Andrea Moorman

ANDREA MOORMAN, PRES.

4/05/05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORMAN, ANDREA	
STREET ADDRESS	2000 BORDER RD	
CITY-ST-ZIP	VENICE FL 34292	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORMAN, ANDREA	
STREET ADDRESS	386 HAVANA RD N.	
CITY-ST-ZIP	VENICE, FL, 34292	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Andrea Moorman

ANDREA MOORMAN, P.D.

04/05/05

941-483-6673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #