


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 851707
 1. Entity Name
MOORE-HANDLEY, INC.



Principal Place of Business Mailing Address
3140 PELHAM PKWY **PO BOX 2607**
PELHAM, AL 35124 US **BIRMINGHAM, AL 35202 US**

DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
63-0819773 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 reissuing)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2005 Fee will be \$350.00 Trust Fund Contribution. Added to Fees
 1100000285229
 04/02/05-80036-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D CHM CEO
NAME	RILEY, WILLIAM
STREET ADDRESS	16697 CAPTIVA DR
CITY-ST-ZIP	CAPTIVA, FL 33924
TITLE	CFO
NAME	MERCER, GARY
STREET ADDRESS	2543 ELIZABETH DR
CITY-ST-ZIP	PELHAM, AL 35124
TITLE	D
NAME	STUBBS, MICHAEL B
STREET ADDRESS	777 3RD AVE 18TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	D
NAME	PALMER, MICHAEL
STREET ADDRESS	FLAT 15 55 PORTLAND PLACE
CITY-ST-ZIP	LONDON W1B 1QJ,
TITLE	POES COO D
NAME	GAINES, MICHAEL J
STREET ADDRESS	5206 CEDAR TRACE CIRCLE
CITY-ST-ZIP	HOOVER, AL 35244
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 exemption stated in Section 119.07(3)(f), 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: *[Handwritten Signature]* **3/29/05** **205 663 8408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #