


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 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**



03282006 No Chg-P CR2E034 (11/05)

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

7. 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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
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 WB1 1QJ,
TITLE	CEO CFO
NAME	GAINES, MICHAEL J
STREET ADDRESS	5208 CEDAR TRACE CIRCLE
CITY-ST-ZIP	HOOVER, AL 35244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000489047
 04/17/06-80031-007 150.00

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: [Signature] CFO 3/29/06 205 6638408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #