## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000003736

City-St-Zip:

**DOVER, DE 19901** 

Entity Name: MOORE PROPERTIES, ET AL CORPORATION

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
·			-		
4164 N DUPONT HWY, STE #2 DOVER, DE 19901			4164 N DUPONT HW STE #2	Y	
			DOVER, DE 19901		
Current Mailing Address:			New Mailing Address:		
A 42 OLEN STREET			4.42 OLENN OTDEET		
143 GLEN STREET DOVER, DE 19901			143 GLENN STREET DOVER, DE 19901		
FEI Number	: 51-0408657	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:	
	AIKO WATER COUF DW, FL 32746				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
		nic Signature of Registered Ag	ent	 Date	
Election Ca		g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	Р (	) Delete	Title:	( ) Change ( ) Addition	
Name:	MOORE, FRAN		Name:	( )	
Address:	747 WESTFIE	LD RD.	Address:		
City-St-Zip:	MOORESTOW	N, NJ	City-St-Zip:		
Title:	V (	) Delete	Title:	( ) Change ( ) Addition	
Name:	MOORE SR, P	•	Name:	( )	
Address:	1555 BAYWAT		Address:		
City-St-Zip:	HEATHROW, F		City-St-Zip:		
Title:	Т (	) Delete	Title:	( ) Change ( ) Addition	
Name:	MOORE, AIKO 1555 BAYWATER CT		Name:	( ) Change ( ) / tantion	
Address:			Address:		
City-St-Zip:	HEATHROW, F		City-St-Zip:		
Title:	S (	) Delete	Title:	( ) Change ( ) Addition	
Name:	MOORE JR, P.		Name:	( ) change ( ) hadition	
Address:	143 GLEN STF		Address:		
luul C33.	170 OLLIN STR	<b>\</b>	Audi 655.		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PAUL T. MOORE ٧ 04/28/2009