

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90255 034 ***150.00

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1. Entity Name

MORAIN SERVICES, INC.



Principal Place of Business

16956 McGregor Blvd. #3
15148 ANCHORAGE WAY
FT. MYERS FL 33908

Mailing Address

15148 ANCHORAGE WAY SAME
FT. MYERS FL 33908



2. Principal Place of Business

16956 McGregor Blvd.
Suite, Apt., etc.
#3

3. Mailing Address

SAME
Suite, Apt., etc.

1st MOORE

CR2E034 (10/05)

City & State

FT. MYERS, FL

City & State

SAME

4. FEI Number

34-0696959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORAIN, ROBERT M
15148 ANCHORAGE WAY
FT MYERS FL 33908

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

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, 2006 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 PRES ☐ Delete
NAME MORAIN, ROBERT M
STREET ADDRESS 16956 McGregor Blvd. #3
CITY-ST-ZIP FT MYERS FL 33908 -06

TITLE V ☐ Delete
NAME MORAIN, GRANT G
STREET ADDRESS 14290 CORTEZ LANE
CITY-ST-ZIP ATLANTA GA 30319

TITLE D ☐ Delete
NAME ROTH, DANIEL B
STREET ADDRESS 1100 BANK ONE BUILDING
CITY-ST-ZIP YOUNGSTOWN OH 44503

TITLE AS ☐ Delete
NAME MORAIN, BARBARA E
STREET ADDRESS 15148 ANCHORAGE WAY
CITY-ST-ZIP FT MYERS FL 33908 -06

TITLE VP ☐ Delete
NAME MORAIN, RYAN R
STREET ADDRESS 269 TERRY GAP RD.
CITY-ST-ZIP FLETCHER NC 28732

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 16956 McGregor Blvd. #3
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Shenandoah Gile
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #