

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # F0100005087

1. Entity Name

MORAIN SERVICES, INC.



Principal Place of Business
16956 McGregor Blvd. #3 Mailing Address
15148 ANCHORAGE WAY
FT. MYERS FL 33908

15148 ANCHORAGE WAY SAME
FT. MYERS FL 33908

2. Principal Place of Business

Suite, Apt. #, etc.
#3

3. Mailing Address

Suite, Apt. #, etc.
#3

City & State

FT. MYERS, FL

City & State

SJ MO

Zip

33908

Country

USA

Zip

Country

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 16956 McGregor
FT MYERS FL 33908

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restating)

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MORAIN, ROBERT M 15148 ANCHORAGE WAY FT MYERS FL 33908 - 04	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16956 McGregor Blvd, #3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORAIN, GRANT G 14290 CORTEZ LANE ATLANTA GA 30319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, DANIEL B 1100 BANK ONE BUILDING YOUNGSTOWN OH 44503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MORAIN, BARBARA E 15148 ANCHORAGE WAY FT MYERS FL 33908 - 04	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shenandoah Gtclp	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORAIN, RYAN R 269 TERRYS GAP RD. FLETCHER NC 28732	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Concord, NC 28101-4406	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

03-27-2006 90255 034 ***150.00



1st MOORE CR2E034 (10/05)

Date

Daytime Phone #