

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G17262

FILED
Mar 03, 2009
Secretary of State

Entity Name: MO' MONEY ASSOCIATES, INC.

Current Principal Place of Business:

3838 N PALAFOX
PO BOX 12591 (32574)
PENSACOLA, FL 32505

New Principal Place of Business:

3838 N PALAFOX
PENSACOLA, FL 32505

Current Mailing Address:

3838 N PALAFOX
PO BOX 12591 (32574)
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-2242777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOWE, WAYNE T
3838 N PALAFOX
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOWE, WAYNE T.,
Address: 1207 BLUE FOX PL
City-St-Zip: PENSACOLA, FL 32514

Title: DP () Delete
Name: MOWE, CLIFFORD B.,
Address: 8560 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WAYNE T. MOWE

PD

03/03/2009

Electronic Signature of Signing Officer or Director

Date