


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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| | | |
|--|--|---|
| DOCUMENT # G40262 | |  |
| 1. Entity Name MOORE'S WELDING INC. | | |

FILED

04 MAY 10 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--|---|
| Principal Place of Business 670 E. 14TH ST. HIALEAH, FL 33010 US | Mailing Address P.O. BOX 1883 HIALEAH, FL 33011 |
|--|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03132003 Chg-P CR2E034 (10/03)

4. FEI Number
59-2365072

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MOORE, BOYCE 670 EAST 14TH STREET HIALEAH, FL | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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 | PDT MOORE, BOYCE 670 EAST 14TH STREET HIALEAH, FL | <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 | VSM MOORE, VIRGINIA 670 E 14TH ST. HIALEAH, FL | <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 | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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300037062953
05/25/04--01006--009 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #



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Business Entity Name

MOORE'S WELDING INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

592365072

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

670 E. 14TH ST.

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code & Country

33010

US

Mailing Address

Address

P.O. BOX 1883

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code & Country

33011

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

MOORE

BOYCE

-or- RA Business Name

Address

670 EAST 14TH STREET

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code & Country

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered



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Business Entity Name

MOORE'S WELDING INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

VSM

Officer/Director Signature

Virginia Moore



Continue

Reset

Start Over

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