


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # G73949
 1. Entity Name
R. G. MOLL & FAMILY, INC.



Principal Place of Business 2308 S FORBES ROAD PLANT CITY, FL 33566	Mailing Address 2308 S FORBES ROAD PLANT CITY, FL 33566
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02252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2352593	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOOKS, JAN M
 2308 S FORBES ROAD
 PLANT CITY, FL 33566

DO NOT WRITE IN THIS SPACE

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHENHALL, REBECCA S 1201 BEVERLY DRIVE ATHENS, GA 30606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HOOKS, JAN MARIE 2308 SOUTH FORBES ROAD PLANT CITY, FL 33566
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jan M. Hooks **Jan M. Hooks** 813-752-1528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #