

ANNUAL REPORT (AR)

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2352593**

Applied For
Not Applicable

Zip Country

Zip Country

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

**HOOKE, JAN M
2308 S FORBES ROAD
PLANT CITY FL 33566**

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, 2007 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

**PTD
CHENHALL, REBECCA S
1201 BEVERLY DRIVE
ATHENS GA 30606**

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

**U00000663723
03/22/07-80015-018 150.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VSD
HOOKE, JAN MARIE
2308 SOUTH FORBES ROAD
PLANT CITY FL 33566**

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
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CITY - ST - ZIP

Change Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change 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:

Jan M. Hooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan M. Hooks

1/30/07

813-752-1528

Date

Daytime Phone #