

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90327 029 \*\*\*150.00

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04122007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # G89507</b>			
1. Entity Name <b>MOORE &amp; FREDERICKSON, P. A.</b>			
Principal Place of Business <b>800 N. 12TH AVE. PENSACOLA, FL 32501</b>		Mailing Address <b>800 N. 12TH AVE. PENSACOLA, FL 32501</b>	
2. Principal Place of Business - No P.O. Box # <b>3000 Langley Ave.</b>		3. Mailing Address <b>3000 Langley Ave</b>	
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>Suite 200</b>	
City & State <b>Pensacola FL</b>		City & State <b>Pensacola FL</b>	
Zip <b>32504</b>	Country	Zip <b>32504</b>	Country
4. FEI Number <b>59-2373819</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>FREDERICKSON, ROSEMARY K. 800 N. 12TH AVE. PENSACOLA, FL 32501</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3000 Langley Ave Suite 200</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32504</b>	
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 <b>Rosemary Frederickson</b> <b>Rosemary Frederickson</b> <b>4/12/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MOORE, ANNISE W. 2600 TAMBRIDGE CR PENSACOLA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President / Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FREDERICKSON, ROSEMARY K 1959 FOULIS DR PENSACOLA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary / Treasurer</b> <input checked="" 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
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
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
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 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: <b>Rosemary Frederickson</b>		<b>Rosemary Frederickson</b> <b>4/12/07</b> <b>850-478-8220</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	