


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K00343</b>	
1. Entity Name <b>MOORES FAMILY FUND, INC.</b>	

Principal Place of Business <b>C/O WILLIE J. HAYWOOD 4235 N.W. 201ST STREET CAROL CITY, FL 33055</b>	Mailing Address <b>C/O WILLIE J. HAYWOOD 4235 N.W. 201ST STREET CAROL CITY, FL 33055</b>
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04062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HAYWOOD, WILLIE J.  
4235 N.W. 201ST STREET  
CAROL CITY, FL 33055**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JIMMIE L 4235 N.W. 201ST ST. CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOODMAN, KATHERINE 4235 N.W. 201ST ST. CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYWOOD, CLEOLA 4235 N.W. 201ST ST. CAROL CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UDELL, MIRIAM 4235 N.W. 201ST ST. CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILLIS, ESTHER 4235 N.W. 201ST ST. CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WISE, DEBORAH (ASST) 4235 N.W. 201ST ST. CAROL CITY, FL

11. **DO NOT WRITE  
IN THIS SPACE**

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04/25/05-80122-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **April 22, 2005** 305 625-1716  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #