2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

HENRY Ly MOORE

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14, 2006 8:00 am Secretary of State **DOCUMENT # K03850** 1. Entity Name 03-14-2006 90012 046 ***150.00 MOORE AND MOORE BUILDING, INC. Mailing Address Principal Place of Business C/O HENRY L. MOORE 1428 LEMON STREET CLEARWATER FL 33756 US C/O HENRY L. MOORE 1428 LEMON STREET CLEARWATER FL 34816 33756 2. Principal Place of Business Clenkwhire 438 LC month. F/n 3375 L 3. Mailing Address 1435 Le mon 57 Climits, 7 4 93756 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2871097 Flan. La Not Applicable Clear With Zip Country \$8.75 Additional 5. Certificate of Status Desired Privellas 3<u>375 (</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, HENRY L. 1428 LEMON STREET Street Address (P.O. Box Number is Not Acceptable) 1711 **CLEARWATER FL 33756** Zip Code 3375 6 1. 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, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when coinstating) FILE NOW HT FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Chief, Payable to Florida Department of State \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change me Delete TITLE MOORE, HENRY L. NAME HAME STREET AODRESS STREET ADDRESS 1428 LEMON ST. CLEARWATER FL 33756 City-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition IIILE Delete TITLE MOORE, NORMA C NAME STREET ADORESS STREET ADDRESS 1428 LEMON ST. CITY-ST-7IP CITY-ST-ZW **CLEARWATER FL 33756** ☐ Dele**te** ☐ Change □ Addition TITLE NAME W.F STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS City-ST-7/P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE HALF. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Defete Addition MLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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.

FILED