


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

|  |                                    |   |  |   |  |
|--|------------------------------------|---|--|---|--|
| <b>DOCUMENT # K42294</b><br>1. Entity Name<br><b>BOB MOATES, P.A.</b>  |                                    |   |  |  |  |
| Principal Place of Business<br><b>458 SHARWOOD DRIVE<br/>NAPLES, FL 34110 US</b>   |                                    |   | Mailing Address<br><b>458 SHARWOOD DRIVE<br/>NAPLES, FL 34110 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                                    | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |                                    | Suite, Apt. #, etc.   |  |   |  |
| City & State   |                                    | City & State  |  |   |  |
| Zip  | Country                            | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent  |                                    |   | 7. Name and Address of New Registered Agent  |   |  |
| <b>ASHLEY, N. REX<br/>1044 CASTELLO DR.<br/>SUITE 106<br/>NAPLES, FL 34103</b>   |                                    |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                    |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS   |                                    |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE  | DP <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | <b>MOATES, BOB</b>                 |   | NAME   |   |  |
| STREET ADDRESS   | <b>458 SHARWOOD DRIVE</b>          |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | <b>NAPLES, FL 34110</b>            |   | CITY-ST-ZIP  |   |  |
| TITLE  | T <input type="checkbox"/> Delete  |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | <b>ASHLEY, N. REX</b>              |   | NAME   |   |  |
| STREET ADDRESS   | <b>1044 CASTELLO DR.</b>           |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | <b>NAPLES, FL</b>                  |   | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete    |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                    |   | NAME   |   |  |
| STREET ADDRESS   |                                    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                    |   | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete    |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                    |   | NAME   |   |  |
| STREET ADDRESS   |                                    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                    |   | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete    |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                    |   | NAME   |   |  |
| STREET ADDRESS   |                                    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                    |   | CITY-ST-ZIP  |   |  |
| 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. |                                    |   |  |   |  |
| <b>SIGNATURE:</b> <i>Bob Moates, P.A.</i>  |                                    |   | <i>4-23-07</i>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                    |   | <small>Date</small>  |   |  |



01092007 Chg-P CR2E034 (12/06)

4. FEI Number **59-2918392** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

U00000739668  
05/11/07-80078-005 158.75