


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L77107 1. Entity Name GWYNN, MOORE & ASSOCIATES, INC.	
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Principal Place of Business C/O JOSEPH P. MOORE 101 SE 6TH AVE-F DELRAY BEACH, FL 33483	Mailing Address C/O JOSEPH P MOORE 101 SE 6TH AVE- F DELRAY BEACH, FL 33483 US
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07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0199595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOORE, JOSEPH P 101 SE 6TH AVE, STE F DELRAY BEACH, FL 33483	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)

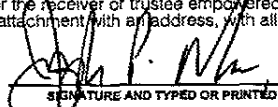
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DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MOORE, JOSEPH P 4545 N. BARWICK RANCH CIRCLE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MOORE, KELLEY 4545 N. BARWICK RANCH CIRCLE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, EDWIN L JR 1726 GRAY RD. CHATTANOOGA, TN 37421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, PATTI F 1726 GRAY RD. CHATTANOOGA, TN 37421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, EDWIN L III 636 MARVIN MEADOWS ROAD FORT MILL, SC 29715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTSEL, PATTI N 1101 E. STATE HIGHWAY 52 GENEVA, AL 36340

**DO NOT WRITE
IN THIS SPACE**

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:  **JOSEPH P. MOORE** **7/5/07** **561-278-2378**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #