

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L98116

1. Entity Name
MORAN ENTERPRISES, INCORPORATED



Principal Place of Business
**205 NORTH BEVERLY AVE.
TAMPA, FL 33609**

Mailing Address
**205 NORTH BEVERLY AVE.
TAMPA, FL 33609**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3037315

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORAN, JULIO
205 NORTH BEVERLY AVE.
TAMPA, FL 33609**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORAN, JULIO
STREET ADDRESS	205 NORTH BEVERLY AVE.
CITY-ST-ZIP	TAMPA, FL

TITLE	VTD
NAME	MORAN, LILY
STREET ADDRESS	205 NORTH BEVERLY AVE.
CITY-ST-ZIP	TAMPA, FL

TITLE	VTSD
NAME	MORAN, LILY
STREET ADDRESS	205 NORTH BEVERLY AVE.
CITY-ST-ZIP	TAMPA, FL 33609

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80016-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Julio Moran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio MORAN PRESIDENT

1-18-05 813-245-5751

Date

Daytime Phone #