2006 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED Apr 26, 2006 08:00 AM Secretary of State

DOCUMENT # M08374 1. Entity Name M.C. MORAN SERVICE COMPANY, INC.						Secreta	ary of St	ate
Principal Place of Business 234 SEAVIEW DRIVE KEY BISCAYNE, FL 33149 Making Address 234 SEAVIEW DRIVE KEY BISCAYNE, FL 33149					L E rre i i sit	WARREN HERRA HARAN ARBAN ARBA	OKRAL EKBA BKRA OKRAL OK	B# 1 1037111 31 3 15 3
			-					
DO NOT WRITE IN THIS SPA				CE	04202006 4. FEI Number	No Chg-P	CR2E034 (11)	(95) Applied For
			59-247			Not Applicable Additional		
	6. Name and Address of C	urrent Registered	Agent		1		Fee Re	quired
MORAN, MARIE C 234 SEAVIEW DRIVE KEY BISCAYNE, FL 33149				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 reinstalling) DATE								
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.					.00 May Be led to Fees	1)000UI	0535035 -80036-0 22	·
TITLE NAME STREET ACCRESS CITY-ST-ZIP	OFFICER PSD 4 MORAN, MARIE C 234 SEAVIEW DRIVE KEY BISCAYNE, FL 3314	S AND DIRECTORS -	· -			<i>በ</i> 24 <i>በ</i> 6 4 <i>np</i> .	-50035-422	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	• •	·		٠.
TITLE NAME STREET ADDRESS CITY-ST-ZIP						NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				IN ⁻	THIS SF	PACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certily 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 of 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.								

Man! (, Man)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

1 4-20.06 Date

Daylime Phone 6