

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M83259

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: MARTIN - MOORE & ASSOCIATES, INC.

## Current Principal Place of Business:

22521 MAGNOLIA TRACE BLVD.  
LUTZ, FL 33549 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 1886  
OLDSMAR, FL 346771886 US

## New Mailing Address:

23110 SR 54, #200  
LUTZ, FL 33549 US

FEI Number: 59-2895757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRIGHT, CYNTHIA J PRES.  
22521 MAGNOLIA TRACE BLVD.  
LUTZ, FL 33549 US

## Name and Address of New Registered Agent:

BRIGHT, CRAIG E VP  
22521 MAGNOLIA TRACE BLVD.  
LUTZ, FL 33549 US

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.

SIGNATURE: CRAIG BRIGHT

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BRIGHT, CYNTHIA J PRES  
Address: 22521 MAGNOLIA TRACE BLVD.  
City-St-Zip: LUTZ, FL 33549

Title: VP ( ) Delete  
Name: BRIGHT, CRAIG E VP  
Address: 22521 MAGNOLIA TRACE BLVD.  
City-St-Zip: LUTZ, FL 33549

Title: SEC ( ) Delete  
Name: MARTIN, JAMES E SEC  
Address: 2813 ORANGE GROVE WAY  
City-St-Zip: PALM HARBOR, FL 34684

Title: TREA ( ) Delete  
Name: BRIGHT, CYNTHIA J TREA  
Address: 22521 MAGNOLIA TRACE BLVD.  
City-St-Zip: LUTZ, FL 33549

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG BRIGHT

VP

04/23/2008

Electronic Signature of Signing Officer or Director

Date