

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M83259

FILED
Apr 30, 2009
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:

23110 SR 54, #200
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-2895757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

04/30/2009

Electronic Signature of Signing Officer or Director

Date