2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2010
Secretary of State

DOCUMENT# N09000008086

Entity Name: MOE'S FLORIDA MARKETING CO-OP, INC.

Current Principal Place of Business:

450-106 STATE ROAD 13 NORTH
SUITE #137
JACKSONVILLE, FL 32259

New Principal Place of Business:

450-106 STATE ROAD 13 NORTH
SUITE #213
JACKSONVILLE, FL 32259

Current Mailing Address:

450-106 STATE ROAD 13 NORTH
SUITE #137
JACKSONVILLE, FL 32259

New Mailing Address:

450-106 STATE ROAD 13 NORTH
SUITE #213
JACKSONVILLE, FL 32259

FEI Number: 80-0460118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHASTEEN, BRAD
450-106 STATE ROAD 13 NORTH
#213
JACKSONVILLE, FL 32259 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

OFFICERS AND DIRECTORS:

Title: D
Name: CHASTEEN, BRAD
Address: 450-106 STATE ROAD 13 NORTH, SUITE #213
City-St-Zip: JACKSONVILLE, FL 32259

Title: D
Name: CAMPBELL, GUY
Address: 450-106 STATE ROAD 13 NORTH, SUITE #213
City-St-Zip: JACKSONVILLE, FL 32259

Title: D
Name: SOLOMON, NEIL
Address: 450-106 STATE ROAD 13 NORTH, SUITE #213
City-St-Zip: JACKSONVILLE, FL 32259

Title: D
Name: ATKISSON, ROB
Address: 450-106 STATE ROAD 13 NORTH, SUITE #213
City-St-Zip: JACKSONVILLE, FL 32259

Title: D
Name: HEIDGERKEN, JASON
Address: 450-106 STATE ROAD 13 NORTH, SUITE #213
City-St-Zip: JACKSONVILLE, FL 32259

Title: D
Name: SILVERMAN, MIKE
Address: 450-106 STATE ROAD 13 NORTH, SUITE #213
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRAD CHASTEEN D 03/18/2010

Electronic Signature of Signing Officer or Director — Date