

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000000252

1. Entity Name  
STEPHEN C. MOOSE INFORMATION TECHNOLOGIES,  
INC.



Principal Place of Business

C/O STEPHEN C. MOOSE  
321 S SECOND ST  
FT PIERCE, FL 34950

Mailing Address

C/O STEPHEN C. MOOSE  
321 S SECOND ST  
FT PIERCE, FL 34950

07 APR 30 2007 11:46

STATE  
TALLAHASSEE, FLORIDA



04252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0990282

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOOSE, STEPHEN C  
321 S SECOND ST  
FT PIERCE, FL 34950

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOOSE, STEPHEN C  
321 S SECOND ST  
FT PIERCE, FL 34950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800103699428  
05/01/07--01009--001 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

UC000074321  
05/15/07 30146-002 50.00

4/30/07

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen C Moose 4/25/07 772-465-5500

Date

Daytime Phone #