## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 08, 2005 8:00 am DOCUMENT # P00000038695 **Secretary of State** 1. Entity Name 02-08-2005 90013 044 \*\*\*150.00 MOORE EMPLOYER SOLUTIONS, INC. Principal Place of Business Mailing Address MOORE EMPLOYER SOLUTIONS MOORE EMPLOYER SOLUTIONS 50011856 BRADENTON FL 34209 BRADENTON FL 34209 2. Principal Place of Business 3. Mailing Address 1215 Maratu avenus 1215 Manater avenue West Suite, Apt. #. etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number 65-1010264 Madenton Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, RYAN Street Address (P.O. Box Number is Not Acceptable) 6302 MÁNATEE AVE. WEST., STE I **BRADENTON FL 34209** Zip Code City 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 (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE ☐ Addition TITLE ☐ Delete MOORE EMPLOYER SOLUTIONS, INC NAME NAME 1215 manatel are west STREET ADDRESS 6302 MANATEE AVE W - STE M STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete MOORE, CHANDRA NAME NAME STREET ADDRESS 9207 17TH DR. NW STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME WAGNER, GARY STREET ADDRESS STREET ADDRESS 3314 70TH ST. WEST. CITY-ST-ZIP **BRADENTON FL 34209** CHTY-ST-ZIP TITLE Change ☐ Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Delete TITLE Change ☐ Addition THUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED