

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90009 016 \*\*\*150.00

**66429910**



07112004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1048047 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MOORE, JOHNNIE RAY JR.  
PO BOX 3615  
HOLLYWOOD, FL 33083

## 7. Name and Address of New Registered Agent

Name MOORE, JOHNNIE RAY JR.  
Street Address (P.O. Box Number is Not Acceptable)  
4401 S. SEMORAN BLVD  
STE #6  
City ORLANDO FL Zip Code 32822

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 JOHNNIE R. MOORE, JR., PRESIDENT, 7/12/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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	<input type="checkbox"/> Delete
P	MOORE, JR, JOHNNIE R MR.	PO BOX 3615	HOLLYWOOD, FL 330833615	<input type="checkbox"/>
VP	MOORE, LEETHRA J MRS.	PO BOX 3615	HOLLYWOOD, FL 330833615	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	MOORE, JR, JOHNNIE R. MR.	4401 S. SEMORAN BLVD STE #6	ORLANDO, FL 32822	<input checked="" type="checkbox"/>
VP	MOORE, LEETHRA J. MRS	4401 S. SEMORAN BLVD STE #6	ORLANDO, FL 32822	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JOHNNIE R. MOORE, JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04 (954) 483-6827  
Date Daytime Phone #