

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90307 012 \*\*\*158.75

<b>DOCUMENT # P01000027787</b>																																																																																																																							
<b>1. Entity Name</b> MORIARTY ENTERPRISES, INC.																																																																																																																							
<b>Principal Place of Business</b> 2021 FRENCH AVE SANFORD, FL 32771			<b>Mailing Address</b> 2021 FRENCH AVE. PO BOX 124 SANFORD, FL 32772 - 0124																																																																																																																				
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																					
City & State		City & State																																																																																																																					
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3717224																																																																																																																			
32772-0124		32772-0124		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																			
<b>6. Name and Address of Current Registered Agent</b>  DOZIER, JAMES, A 2015 FRENCH AVE. SANFORD, FL 32771			<b>7. Name and Address of New Registered Agent</b> Name <b>MORIARTY, JAMES D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2021 FRENCH AVE.</b> City <b>SANFORD</b> FL Zip Code <b>32771</b>																																																																																																																				
<b>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.</b> SIGNATURE  DATE <b>4-20-04</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. 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<b>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.</b> SIGNATURE:  DATE <b>4-20-04</b> DAYTIME PHONE # <b>(407) 302-8088</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																							