

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000036529

Entity Name: MOE CONSTRUCT, INC.

**FILED**  
**Mar 18, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

4440 HUPPEL ST  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

4440 HUPPEL ST  
ORLANDO, FL 32811

**New Mailing Address:**

FEI Number: 59-3727883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOORE, DONALD  
4440 HUPPEL ST  
ORLANDO, FL 32811      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MOORE, DONALD  
Address: 4440 HUPPEL ST  
City-St-Zip: ORLANDO, FL 32811

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O      ( ) Change (X) Addition  
Name: MOORE, ELAINNA L  
Address: 4440 HUPPEL ST  
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINNA L. MOORE

O

03/18/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date