


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90159 030 ***150.00

DOCUMENT # P01000052545 1. Entity Name BARNEY T. MOORE CONSTRUCTION OF VOLUSIA COUNTY, INC.					
Principal Place of Business 323 CENTER STREET ORMOND BEACH, FL 32174			Mailing Address 1515 RIDGEWOOD AVENUE A HOLLY HILL, FL 32117		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 80-0028632	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LOGUIDICE, JOE CPA 1515 RIDGEWOOD AVENUE A HOLLY HILL, FL 32117				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Joe Loguidice CPA 4/11/05</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME MOORE, BARNEY T STREET ADDRESS 323 CENTER STREET CITY-ST-ZIP ORMOND BEACH, FL 32174			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME MOORE, SHANE R STREET ADDRESS 323 CENTER STREET CITY-ST-ZIP ORMOND BEACH, FL 32174			TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Robert Shane Moore STREET ADDRESS 323 Center Street CITY-ST-ZIP ORMOND Bch FL 32174		
TITLE TRY <input type="checkbox"/> Delete NAME DALLAS, MOORE STREET ADDRESS 323 CENTER STREET CITY-ST-ZIP ORMOND BEACH, FL 32174			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> Delete NAME SHANE, MOORE R STREET ADDRESS 323 CENTER STREET CITY-ST-ZIP ORMOND BEACH, FL 32174			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> Delete NAME DALLAS, MOORE STREET ADDRESS 323 CENTER STREET CITY-ST-ZIP ORMOND BEACH, FL 32174			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE STR <input type="checkbox"/> Delete NAME SUE, MOORE STREET ADDRESS 323 CENTER STREET CITY-ST-ZIP ORMOND BEACH, FL 32174			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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.					
SIGNATURE: <i>Barney T Moore</i> 4/11/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					