



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90002 023 ***150.00

DOCUMENT # P01000114596 1. Entity Name GOT MOO, INC.																							
Principal Place of Business 364 BELLEAIR DR. NE ST PETERSBURG, FL 33704			Mailing Address 364 BELLEAIR DR. NE ST PETERSBURG, FL 33704																				
2. Principal Place of Business 17016 Palm Pointe Dr Suite, Apt. #, etc.		3. Mailing Address 17016 Palm Pointe Dr Suite, Apt. #, etc.																					
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 01-0559130																			
Zip 33647		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent JUDSON, KENNETH L 364 BELLEAIR DR. NE ST PETERSBURG, FL 33704			7. Name and Address of New Registered Agent Name Kenneth L. Judson Street Address (P.O. Box Number is Not Acceptable) 16204 NOTTINGHAM PARK WAY City TAMPA FL Zip Code 33647																				
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 KL Judson DATE 1/13/04 <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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
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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: **KL Judson** **Kenneth L. Judson** **1/13/04** **813-978-8700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #