

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119758

**FILED**  
**Apr 12, 2007**  
**Secretary of State**

**Entity Name:** THE MOXLEY CORPORATION

**Current Principal Place of Business:**

8518 NAVARRE PKWY.  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5537  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 26-0031104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYNCHARD, R. LANE  
8285 NAVARRE PKWY.  
NAVARRE, FL 32566 US

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

LYNCHARD, R. LANE  
1901 ANDORRA ST.  
NAVARRE, FL 32566 US

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

04/12/2007

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MOXLEY, G. PECK  
Address: 6568 CASTLEWOOD STREET  
City-St-Zip: NAVARRE, FL 32566

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: G. PECK MOXLEY

D

04/12/2007

Electronic Signature of Signing Officer or Director

Date