## ,2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-7IP

## Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # P02000034584** MOOTS MANAGEMENT, INC. Principal Place of Business Mailing Address 17892 MELLEN LANE 17892 MELLEN LANE JUPITER, FL 33478 JUPITER, FL 33478 CR2E034 (10/03) 04282005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0418295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FARRELL, RICKEY L DO NOT WRITE 1595 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952 IN THIS SPACE 3. The above named ontity 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. Signature, typed or printed name of registered agent and title if applicable. INOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. mu MOOTS, NANCY A NAME HUDUURS4FOFF STREET ADDRESS 17892 MELLEN LANE 04/30/05-80061-014 150.00 CITY-ST-ZIP JUPITER, FL 33478 MÆ NAME MOOTS, RORY R STREET ADDRESS 17892 MELLEN LANE CITY-ST-ZIP JUPITER, FL 33478 MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP ШЩ NAME STREET ADDRESS CATY-ST-ZIP MIE NAME STREET ADDRESS

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.

Mode

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED