


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90027 012 \*\*\*150.00

<b>DOCUMENT # P02000090750</b>	
1. Entity Name <b>MOMO'S NO. 3, INC.</b>	

Principal Place of Business <b>236 EAST FIFTH AVENUE TALLAHASSEE FL 32303</b>	Mailing Address <b>PO BOX 4148 TALLAHASSEE FL 32315</b>
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2. Principal Place of Business <b>1702 W. University Ave.</b>	3. Mailing Address <b>424 El Destinado Dr.</b>
Suite, Apt. #, etc. <b>A-2</b>	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State <b>Gainesville, FL</b>	City & State <b>Tallahassee, FL</b>
Zip <b>32603</b>	Zip <b>32312</b>
Country <b>U.S.</b>	Country <b>U.S.</b>

4. FEI Number <b>41-2056926</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DYE, DON D 236 EAST FIFTH AVENUE TALLAHASSEE FL 32303</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>424 El Destinado Dr.</b> City <b>Tallahassee</b> FL Zip Code <b>32312</b>
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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  <b>DON D. DYE, Pres.</b>	DATE <b>1-23-06</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D DYE, DON D 236 EAST FIFTH AVENUE TALLAHASSEE FL 32303</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>DST DYE, MARY BETH H 424 EL DESTINADO DR TALLAHASSEE FL 32312</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>424 El Destinado Dr. Tallahassee, FL 32312</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  <b>DON D. DYE</b>	DATE <b>1-23-06</b>	DAYTIME PHONE # <b>850-510-0361</b>
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