


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P02000094067</b><br>1. Entity Name<br><b>DAN MOORE ENTERPRISES, INC.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>4945 21ST AVENUE N.<br/>ST. PETERSBURG, FL 33710</b> | Mailing Address<br><b>4945 21ST AVENUE N.<br/>ST. PETERSBURG, FL 33710</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01232006 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>76-0710798</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent  
  
**MOORE, T D  
4945 21ST AVENUE N.  
ST. PETERSBURG, FL 33710**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MOORE, T. D<br>4945 21ST AVENUE N.<br>ST. PETERSBURG, FL 33710    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>MOORE, SARA H<br>4945 21ST AVENUE N.<br>ST. PETERSBURG, FL 33710 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

U000000413891  
02/11/06-80008-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dan Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_