

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90159 020 ***150.00

DOCUMENT # P03000014530 1. Entity Name SUSAN MOORE P A					
Principal Place of Business 323 CENTER ST ORMOND BEACH, FL 32174			Mailing Address 323 CENTER ST ORMOND BEACH, FL 32174		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0500649	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOGUIDICE, JOE 1515 RIDGEWOOD AVE. PANAMA CITY, FL 32417				Name JOE Loguidice Street Address (P.O. Box Number Not Acceptable) 1515 Ridgewood Ave City Holly Hill FL 32117	
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 JOE Loguidice DATE 4/11/05 Signature, typed or printed name of registered agent or officer if applicable. (NOTE: Registered agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, SUSAN 323 CENTER ST ORMOND BEACH, FL 32174	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BARNEY 323 CENTER ST ORMOND BEACH, FL 32174	☐ Delete			
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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: Susan Moore Date 4/15/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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