2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State
02-09-2005 90034 043 ***150.00

DOCUMENT # P03000031541

1. Entity Name
CHARLES A MOORE, INC.

Principal Place of Business	Mailing Address
PO BOX 260533 TAMPA FL 33685	PO BOX 260533 TAMPA FL 33685

66003794

1st MOORE CR2E034 (10/04)

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 56-2332772 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, CHARLES A 6104 WEBB ROAD 306 TAMPA FL 33615	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P/S MOORE, CHARLES A 6104 WEBB ROAD #306 TAMPA FL 33615	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Jane E. Moore 106 S. Hale Ave. #109 Tampa, Fl. 33609	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR MOORE, JANE E 6104 WEBB ROAD #306 TAMPA FL 33615	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Kathryn A. Tolten 148 Allison Rd. Willow Grove, PA 19090	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Sara A. Moore 6104 Webb Road #306 Tampa, Fl. 33615	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Charles A. Moore Jr. 22 Fitzwatertown Rd. C6 Willow Grove, PA 19090	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Michael A. Moore 5749 Kingfish Dr. "D" Lutz, Fl. 33558	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Alberta Chiaravalloti 305 Oakland Ave. Bellmawr, NJ. 08031	☐ Change ☑ Addition

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: CHARLES A. MOORE P/S 2/3/05 8138860628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #