

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90110 045 \*\*\*150.00

**DOCUMENT # P03000031541**

1. Entity Name

**CHARLES A MOORE, INC.**



Principal Place of Business

PO BOX 260533  
TAMPA FL 33685

Mailing Address

PO BOX 260533  
TAMPA FL 33685



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

TITLE P/S ☐ Delete  
NAME **MOORE, CHARLES A**  
STREET ADDRESS **6104 WEBB ROAD #306**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE D ☐ Delete  
NAME **MOORE, JANE E**  
STREET ADDRESS **106 S HAG AVE #109**  
CITY-ST-ZIP **TAMPA FL 33609**

TITLE D ☐ Delete  
NAME **TOLTEN, KATHRYN A**  
STREET ADDRESS **148 ALLISON RD**  
CITY-ST-ZIP **WILLOW GROVE PA 19090**

TITLE D ☐ Delete  
NAME **MOORE, SARA A**  
STREET ADDRESS **6104 WEBB RD #306**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE D ☐ Delete  
NAME **MOORE, CHARLES A JR**  
STREET ADDRESS **22 FITZWATERTOWN RD C6**  
CITY-ST-ZIP **WILLOW GROVE PA 19090**

TITLE D ☐ Delete  
NAME **MOORE, MICHAEL A**  
STREET ADDRESS **5749 KINGFISH DR "D"**  
CITY-ST-ZIP **LUTZ FL 33558**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
NAME **ALBERTA, CHARRAVALLOTTI**  
STREET ADDRESS **305 Oakland Ave**  
CITY-ST-ZIP **Bedford, N.J. 08031-2709**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Charles A. Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/06**

Date

**8138860628**

Daytime Phone #