

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90018 013 \*\*\*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 - No P.O. Box #

6104 WEBB RD.

3. Mailing Address

Suite, Apt. #, etc.

#306

Suite, Apt. #, etc.

City & State

TAMPA FL.

City & State

Zip

33615

Country

HILLSBOROUGH

Zip

Country

4. FEI Number

56-2332772

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

MOORE, CHARLES A  
6104 WEBB ROAD  
306  
TAMPA FL 33615

7. Name and Address of New Registered Agent

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	D	<input type="checkbox"/> Delete
NAME	CHLARRVALLOTI, ALBERTA	
STREET ADDRESS	305 OAKLAND AVE	
CITY-STATE-ZIP	BELLMAN NJ 08031-2709	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, JANE E	
STREET ADDRESS	106 S HAG AVE #109	
CITY-STATE-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLTEN, KATHRYN A	
STREET ADDRESS	148 ALLISON RD	
CITY-STATE-ZIP	WILLOW GROVE PA 19090	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, SARA A	
STREET ADDRESS	6104 WEBB RD #306	
CITY-STATE-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, CHARLES A JR	
STREET ADDRESS	22 FITZWATERTOWN RD C6	
CITY-STATE-ZIP	WILLOW GROVE PA 19090	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, MICHAEL A	
STREET ADDRESS	5749 KINGFISH DR "D"	
CITY-STATE-ZIP	LUTZ FL 33558	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CHARLES A. JR
STREET ADDRESS	32 FOREST AVE
CITY-STATE-ZIP	AMBLER PA. 19002
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MICHAEL A
STREET ADDRESS	6104 WEBB RD #1306
CITY-STATE-ZIP	TAMPA FL 33615

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

1/19/07

Date

8138860628

Daytime Phone #