

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031541

Entity Name: CHARLES A MOORE, INC.

FILED
Mar 27, 2008
Secretary of State

Current Principal Place of Business:

6104 WEBB ROAD
STE 306
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

PO BOX 260533
TAMPA, FL 33685

New Mailing Address:

FEI Number: 56-2332772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, CHARLES A
6104 WEBB ROAD
306
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHLARRVALLOTI, ALBERTA
Address: 305 OAKLAND AVE
City-St-Zip: BELLMAWR, NJ 080312709

Title: D () Delete
Name: MOORE, JANE E
Address: 106 S HAG AVE #109
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: TOLTEN, KATHRYN A
Address: 148 ALLISON RD
City-St-Zip: WILLOW GROVE, PA 19090

Title: D () Delete
Name: MOORE, SARA A
Address: 6104 WEBB RD #306
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: MOORE, CHARLES A JR
Address: 32 FOREST AVE
City-St-Zip: AMBLER, PA 19002

Title: D () Delete
Name: MOORE, MICHAEL A
Address: 6104 WEBB RD STE 1304
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A MOORE

P

03/27/2008

Electronic Signature of Signing Officer or Director

Date