

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031541

FILED  
Apr 04, 2011  
Secretary of State

Entity Name: CHARLES A MOORE, INC.

## Current Principal Place of Business:

8345 SANDSTONE LAKE DRIVE  
STE 102  
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  
8345 SANDSTONE LAKE DRIVE  
102  
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

## OFFICERS AND DIRECTORS:

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

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

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

Title: D  
Name: MOORE, SARA A  
Address: 8345 SANDSTONE LAKE DRIVE #102  
City-St-Zip: TAMPA, FL 33615

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

Title: D  
Name: MOORE, MICHAEL A  
Address: 8345 SANDSTONE LAKE DRIVE #102  
City-St-Zip: TAMPA, FL 33615

I hereby 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 all other like empowered.

SIGNATURE: CHARLES A MOORE

D

04/04/2011

Electronic Signature of Signing Officer or Director

Date