

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069619

FILED
Feb 21, 2006
Secretary of State

Entity Name: LESLIE E. MOORER ENTERPRISES, INC.

Current Principal Place of Business:

4409 SOUTHMINISTER CIRCLE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

4409 SOUTHMINISTER CIRCLE
NICEVILLE, FL 32578

New Mailing Address:

PO BOX 2604
FORT WALTON BEACH, FL 325492604

FEI Number: 56-2378843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNT, PAUL V
79 NORTH 70TH AVENUE
PENSACOLA, FL 32506 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: PD () Delete
Name: MOORER, LESLIE E
Address: 4409 SOUTHMINISTER CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: VSD () Delete
Name: MOORER, CAROLINE S
Address: 4409 SOUTHMINISTER CIRCLE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LESLIE E. MOORER

PD

02/21/2006

Electronic Signature of Signing Officer or Director

_____ Date