

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000069619

**FILED**  
**Apr 15, 2011**  
**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:**

PO BOX 2604  
FORT WALTON BEACH, FL 325492604

**New Mailing Address:**

**FEI Number:** 56-2378843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUTTING EDGE AUTOMOTIVE  
108 PATRICK DR  
FORT WALTON BEACH, FL 32547 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: PD  
Name: MOORER, LESLIE E  
Address: 4409 SOUTHMINISTER CIRCLE  
City-St-Zip: NICEVILLE, FL 32578

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

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: LESLIE E MOORER

PD

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date