## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # P03000109564  1. Entity Name MOORE INVESTMENT PROPERTIES, INC.				04-29-2004 90322 007 ***150.00					
Principal Place of Business	Mailing Address								
435 \$ RIDGEWOOD AVE #210- 435 \$ RIDGEWOOD AVE #216									
DAYTONA BCH, FL 32114 DAYTONA BCH, FL 32114									
Chance									
2. Principal Place of Business 39 Spinna Ker Cr 39 Spinna kei		torac							
Suite, Apt. #, etc. Suite, Apt. #, etc.				01142004	Chg-P	CROEN	34 (10/03)		
						CHELO			
South Daylong FC South Daylon a		na, FL		4. FEI Numb		3817		plied For t Applicable	
3719 Volusia	37119-	Country	ا- عـ	_5. Certificate	e of Status Desire		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
MOORE, JILL B			ame						
39 SPINNAKER CIR			Street Address (P.O. Box Number is Not Acceptable)						
S DAYTONA, FL 32119									
					·	FL	Zip Code	e	
8. The above named entity submits this statement for	r the purpose of changing its	registered office or	registere	ed agent, or bo	oth, in the State of	of Florida. Jam f	amiliar with,	and accept	
the obligations of registered agent.  Haway									
SIGNATURE Signature, typed or printed name of registered agent s	and title if applicable. (NOT	E: Registered Agent signatu	ire required v	when reinstating)		DATE			
			<b></b>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont			00 May Be of to Fees					
10. OFFICERS AND	DIRECTORS	11.			CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
NAME David & Macre II	Delete	TITLE NAME	l na	nid K	Moore	$\mathcal{I}$	☐ Change	Addition	
STREET ADDRESS 39 SPINISHOE C	_	STREET ADDRESS	39	spinna	ker cr				
CITY-ST-ZIP South Daylona, 1	3249	CITY-ST-ZIP	Sout	h Day	tona, Fi	32119			
TITLE VICE-President	Delete	TITLE	٧ ــ ا	ILBA	noore		☐ Change	Addition	
STREET ADDRESS 39 SPINARO KOE	<del>(-5</del> .	NAME STREET ADDRESS	36		akerer	-			
CITY-ST-ZIP South Daylona 152 32119 CITY			Sou			FL 3211	9		
TITLE	☐ Delete	TITLE			1		☐ Change	Addition	
NAME STREET ADDRESS		NAME Street Address						İ	
CITY-ST-ZIP		CITY-ST-ZIP							
TITLE	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME ATTEST ADDRESS		NAME STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP							
TITLE	☐ Delete	TITLE					Change	☐ Addition	
NAME		NAME							
STREET ADDRESS :		STREET ADDRESS CITY-ST-ZIP							
TITLE	☐ Delete	TITLE					☐ Change	Addition	
NAME		NAME					-		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with	this filing does not qualify to		l ted in Sen	ation 119 07/3	Yi), Florida Statu	tes. I further cert	tify that the in	nformation	
indicated on this report or supplemental report is of the corporation or the receiver or trustee empor changed, or on an attachment with an address, v	true and accurate and that	mu cianatura chall b	avo the c	ama local offa	et se if mada un	dor ooth: that I a	m an officer	or director	