

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000120881

1. Entity Name
MOORE INTERCONNEX, INC.



Principal Place of Business
**5200 75 STREET N
ST PETERSBURG, FL 33709**

Mailing Address
**5200 75 STREET N
ST PETERSBURG, FL 33709**



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0367901

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, MICHAEL L
5200 75 STREET N
ST PETERSBURG, FL 33709**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME MOORE, MICHAEL L
STREET ADDRESS 5200 75 STREET N
CITY-ST-ZIP ST PETERSBURG, FL 33709

TITLE V
NAME WANDSTRAT, JOHN M
STREET ADDRESS 4000 HUTINGTON ST NE
CITY-ST-ZIP SAINT PETERSBURG, FL 33703

TITLE S
NAME FRANKLIN, JANIS K
STREET ADDRESS 5200 75 STREET N
CITY-ST-ZIP ST PETERSBURG, FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000527574
05/05/06-80002-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

MICHAEL L MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2006

Date

727-547-8001

Daytime Phone #