


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90025 008 \*\*\*150.00

<b>DOCUMENT # P03000120891</b> 1. Entity Name MOORE CONCRETE, INC.	
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Principal Place of Business 1766 SAND RD PALM BAY, FL 32909	Mailing Address 1766 SAND RD PALM BAY, FL 32909
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**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0339751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

MOORE, FRANK  
1766 SAND ROAD  
PALM BAY, FL 32909

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MOORE, FRANK R 1766 SANDS ROAD PALM BAY, FL 32909
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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:** Frank Moore 2-7-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #