

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000123903

1. Entity Name

GEORGE MOORE BUILDERS, INC.



Principal Place of Business

6 LOVETT STREET  
ST. AUGUSTINE, FL 32084

Mailing Address

6 LOVETT STREET  
ST. AUGUSTINE, FL 32084

**DO NOT WRITE IN THIS SPACE**



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-0360011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALL, CHARLES E  
77 ALMERIA STREET  
ST. AUGUSTINE, FL 32084

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOORE, GEORGE H HR.
STREET ADDRESS	314 ANDREAS STREET
CITY - ST - ZIP	ST. AUGUSTINE, FL 32080
TITLE	D
NAME	THOMPSON, MARTIN C
STREET ADDRESS	6 LOVETT STREET
CITY - ST - ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/15/08-80036-024 150.00

**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:

*Martin Thompson* / *Martin Thompson* V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08

Date

904-669-1986

Daytime Phone #