

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90012 014 \*\*\*150.00

DOCUMENT # P03000135930  
 1. Entity Name  
 GLEN MOORE INC



Principal Place of Business  
 1306 RIVERSIDE DRIVE  
 HOLLY HILL, FL 32117

Mailing Address  
 2747 S. ATLANTIC AVE.  
 DAYTONA BEACH SHORES, FL 32118

40096237

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



06142006 Chg-P CR2E034 (11/05)

4. FEI Number  
 20-0405849

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

6. Name and Address of Current Registered Agent  
 LOGUIDICE, JOE  
 1515 RIDGEWOOD AVENUE  
 A  
 HOLLY HILL, FL 32117

7. Name and Address of New Registered Agent  
 Name: JOE Loguidice  
 Street Address (P.O. Box Number is Not Acceptable): 1515 Ridgewood Ave Ste A  
 City: Holly Hill FL 32117

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]* JOE Loguidice 6/14/06  
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 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, GLEN	NAME	
STREET ADDRESS	1306 RIVERSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL, FL 32117	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]* 6/14/06 (386) 304-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #