2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000143896

1. Entity Name

IOHNINY I MOORER PLUMBING INC



FILED Apr 08, 2004 8:00 am Secretary of State 04-08-2004 90007 037 ***150.00

Daytime Phone #

JOHNNY E. MOORER FEDMINING, INC.						
Principal Place of Business		Mailing Address		_		
331 NW 2ND TERRACE DEERFIELD BEACH FL 33441		331 NW 2ND TERRACE DEERFIELD BEACH FL 33441				
2. Principal Place of Business		3. Mailing Address Some as above				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)		
City & State		City & State		4. FEI Number	У Арр	
Zip Country		Zip Country Signald		Not Applicable 5. Certificate of Status Desired \$8.75 Additional		
0.41	Broward	Danisland & work	Suran	<u>.i</u>	Fee Required	
6. Name and Address of Current Registered Agent Name				7. Name and Address of New F	legistered Agent	
MOORER-JOHNNY L 311 N.W. 2ND TERRACE			Street Address	Streat Address (P.ORox Number of Not Acceptable)		
DEERFIELD BEACH FL 33431			Decko	Deerheld Beach		
			City	V	FL By	1)
8. The above named en	tity submits this statement fo	r the purpose of changing its	registered office or registe	ered agent, or both, in the State of Fl	orida. Lam familiar with, ar	nd accept
the obligations of registered agent.						
SIGNATURE Signafure, typ	ped or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature require	ed when reinstating)	DATE	
After May 1, 2	VIII FEE IS \$150.00 2004 Fee will be \$550.00 to Florida Department of	State		Election Campaign Fig. Trust Fund Contribution	<u> </u>	May Be to Fees
10.	OFFICERS AND	(2017年) 1970年 - 1970	11.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS	IN 11
TITLE D		☐ Delate	TITLE		☐ Change	☐ Addition
	R, JOHNNY L 2ND TERRACE		NAME Street address			
	ELD BEACH FL 33441	·	CITY-ST-ZIP			
TITLE D		☐ Delete	TITLE		☐ Change	☐ Addition
	R, MARGARET R 2ND TERRACE		NAME STREET ADDRESS			
	ELD BEACH FL 33441		CITY-ST-ZIP	÷		
TITLE MAY	ROR, Aracia	☐ Delete	TITLE		☐ Change	Addition
NAME	yw zno tema	el .	NAME	والمراجعة الأموا والأرامة والمناطقون		
CITY-ST-ZIP DES	heid Beach	913341	CITY-ST-ZIP			-
TITLE	0	☐ Delete	TITLE		☐ Change	Addition
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE SA		☐ Delete	TITLE	N 8 MV	☐ Change	Addition
NAME .			NAME CTROUT APPRECE			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME CTREET ADDRESS	,		NAME CTOTET APPRECE			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
12 bareby certify that	the information supplied with	this filling does not qualify for	the evernation stated in S	Section 119.07(3)(i), Florida Statutes.	I further certify that the inf	formation
indicated on this rep of the corporation of changed, or on an a	port or supplemental report is ir the receiver or trustee emp attachment with an address,	s true and accurate and that no owered to execute this report with all other like empowered.	ny signature shall have the as required by Chapter 6	e same legal effect as if made under 07, Florida Statutes; and that my nam	oath; that I am an officer one appears in Block 10 or f	or director Block 11 if