

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 22, 2007 8:00 am
Secretary of State

03-12-2007 90360 001 ***150.00

DOCUMENT # P04000006605					
1. Entity Name MOATES ENTERPRISES, INC.					
Principal Place of Business 1902 MOATES AVENUE PANAMA CITY, FL 32405			Mailing Address 1902 MOATES AVENUE PANAMA CITY, FL 32405		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0563421	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JUCHNIEWICZ, JOHN 2583 HUNTCLIFF LANE PANAMA CITY, FL 32405				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 retaking) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOATES, DOUGLAS P 1902 MOATES AVENUE PANAMA CITY, FL 32405	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE 31 CONT CHRISTOPHER P. MOATES 1902 MOATES AVE PANAMA CITY FL 32405	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOATES, DOUGLAS J 3702 WEST 22ND PLAZA PANAMA CITY, FL 32405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LANE, CHRISTOPHER 3702 WEST 22ND PLAZA PANAMA CITY, FL 32405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <i>Christopher P. Moates</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3-20-07 Daytime Phone # 850 747 9669	