Apr 17
Sec

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000079820

1. Entity Name
MORE MONEY, INC.

Principal Place of Business	Mailing Address
686 SCENIC GULF DRIVE SUITE 101 MIRAMAR BEACH, FL 32550 US	686 SCENIC GULF DRIVE SUITE 101 MIRAMAR BEACH, FL 32550 US

DO NOT WRITE IN THIS SPACE

04142006 No Chg-P CR2E034 (11/05)

4. FEI Number
75-3155886
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUTCHISON, WILLIAM R JR.
686 SCENIC GULF DRIVE
SUITE 101
MIRAMAR BEACH, FL 32550

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000513506
04/29/06-80132-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUTCHISON, WILLIAM R JR
STREET ADDRESS	686 SCENIC GULF DRIVE, SUITE 101
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550
TITLE	SECT
NAME	HUTCHISON, THOMAS G
STREET ADDRESS	POST OFFICE BOX 4276
CITY-ST-ZIP	FORT WALTON BEACH, FL 32549
TITLE	VP
NAME	DONCHEY, STEVEN S
STREET ADDRESS	4460 CLIPPER COVE
CITY-ST-ZIP	DESTIN, FL 32541
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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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-13-06 850 654 51
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #