## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000105291

Entity Name: JOHN MOYER, P.A.

**FILED** Mar 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1530 S. STATE ST., #15J 1530 S. STATE ST., #15J CHICAGO, IL 60605

15J

CHICAGO, IL 60605

**Current Mailing Address: New Mailing Address:** 

1530 S. STATE ST., #15J 1530 S. STATE ST., #15J CHICAGO, IL 60605 US

CHICAGO, IL 60605 US

FEI Number: 20-1368220 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CERTIFIED TAX EXPERTS, INC. CERTIFIED TAX EXPERTS, INC. 6700 GRIFFIN ROAD 6834 STIRLING ROAD

**DAVIE, FL 33024** SUITE G DAVIE, FL 33314 US

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.

SIGNATURE: 03/24/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change ( ) Addition

MOYER, JOHN Name: Name: MOYER, JOHN 1530 S STATE ST #15J 1530 S STATE ST #15J Address: Address: City-St-Zip: CHICAGO, IL 60605 US City-St-Zip: CHICAGO, IL 60605 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D MOYER **PRES** 03/24/2009