

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-08-2006 90309 046 ***100.00
06-23-2006 90009 008 ***50.00

DOCUMENT # P04000110424

1. Entity Name

ROY MOORE MOBILE HOME SERVICE, INC.



Principal Place of Business

7684 SUNSHINE HILL ROAD
MOLINO FL 32577

Mailing Address

7684 SUNSHINE HILL ROAD
MOLINO FL 32577

2. Principal Place of Business

7684 SUNSHINE HILL ROAD

3. Mailing Address

7684 SUNSHINE HILL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

MOLINO FLA

City & State

MOLINO FLA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

32577

Country

ESCAMBIA

Zip

32577

Country

ESCAMBIA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, ROY
7684 SUNSHINE HILL ROAD
MOLINO FL 32577

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

Roy Moore

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4-27-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PSTD
NAME: MOORE, ROY
STREET ADDRESS: 7684 SUNSHINE HILL ROAD
CITY-ST-ZIP: MOLINO FL 32577

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Roy Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06 850 5872722

Date

Daytime Phone #