2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2006 8:00 am Secretary of State

DOCUMENT # P04000124933 1. Entity Name MOORE ENTERPRISES OF DAYTONA, INC.						02-06-2006 90083 033 ***150.00				
Principal Place	e of Business		ailing Address			1				
1116 MASON AVENUE 11			1116 MASON AVENUE DAYTONA BEACH, FL 32117					1816: 11878 (1811 GU	#15 18:34 11:88 (N	iller il ICEI
Principal Place of Business 3.			i. Mailing Address				(1) 			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182006	Chg-P	CR2E0	34 (11/05)	
City & State			City & State			4. FEI Number Applied For 02-0561436 Not Applicable				
Zip	Country		Zip	Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required			
	6. Name and Address of C	urrent Regis	tered Agent		7. Name and Address of New Registered Agent					
MOORE E	RAPRYI			Name	Name					
MOORE, BARRY L 1116 MASON AVENUE DAYTONA BEACH, FL 32117				Street	Street Address (P.O. Box Number is Not Acceptable)					
ļ										
ļ				City		FL Zip Code				
	named entity submits this state ions of registered agent.	ment for the	ourpose of changing its	registered office	or registe	red agent, or bo	th, in the State of	Florida. I am	familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of register	ed agent and title	if apolicable (NOTE	Registered Agent sig	nature required	d when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.0 ay 1, 2006 Fee will be \$	00	9. Election Campai Trust Fund Conti			.00 May Be led to Fees				
10.	OFFICER	S AND DIRE	CTORS	11.		ADDITIONS	CHANGES TO O	FFICERS AND	DIRECTORS	S IN 11
TITLE	P,D		Delete	TITLE	į.				💢 Change	Addition
NAME STREET ADDRESS	MOORE, BARRY L 1 116 MASON AVENUE -			NAME STREET ADDRES	s 20	06 5.	Halifax	Do		
CITY-ST-ZIP	DAYTONA BEACH, FL 82	117		CITY-ST-ZIP	Da	atona B	each, E	1.3211	8	
TOTLE	D		Delete	TITLE		,			Change	☐ Addition
NAME STREET ADDRESS	MOORE, GARY W 1116 MASON AVENUE			NAME STREET ADDRES						ļ
CITY-ST-ZIP	DAYTONA BEAH, FL 321	17		CITY-ST-ZIP	"					l
TITLE			☐ Delete	TITLE					Change	☐ Addition
NAME				NAME STREET ADDRES						ļ
STREET ADDRESS CMY-ST-ZIP				CITY-SI-ZIP	"					ŀ
TITLE			☐ Defete	TITLE	1				☐ Change	Addition
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP				STREET ADDRES CITY-ST-ZIP					_	
TITLE			☐ Defete	TITLE					☐ Change	☐ Addition
NAME				NAME STREET LODGES						
STREET ADDRESS CITY-ST-ZIP				STREET ADDRES	. 6					
TITLE			□ Delete	TITLE	 				☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #