

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000132450 1. Entity Name STEVEN W. MOYER, INC.						<p>FILED 05 JUL 11 PM 3: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
Principal Place of Business 838 17TH AVENUE NEW SMYRNA BEACH, FL 32169 US				Mailing Address 838 17TH AVENUE NEW SMYRNA BEACH, FL 32169 US			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 07052005				Chg-P CR2E034 (10/03)		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MOYER, STEVEN W 838 17TH AVENUE NEW SMYRNA BEACH, FL 32169			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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 MOYER, STEVEN W 838 17TH AVENUE NEW SMYRNA BEACH, FL 32169			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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				7/1/05 (386) 690-2914			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			

Dear,

Department of State
Division of Corporation

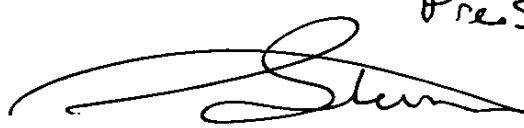
I got a Notice of Intent to Dissolve telling me I was late to file a Annual Report. I never got a Notification to File. Now there telling me to pay \$550 instead of the \$150.

I'm new at this Report thing, I just started my bussiness the JAN 15, 2005. I did not know you had to file or was I noticified. So I am sending the original \$150, I hope this will cover the Filing Fee!

Please contact me
If there are any
Problems

Now I
know so
I will not
miss it next
Year

Thanks

President
 Steven W. Moyes
Steven W. Moyes INC.
(386) 690-2914