2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

1. Entity Nam	MEN # P0400017145 A. MOORE, INC.	90					•
	LLENTON DRIVE	Mailing Address 7721 NEW ELLENTON DRIVE BOYNTON BEACH, FL 33437		(N 88(() 8(F)) 98(() 88(() 88()		fil B/BBF 211/8 B/MBBF 11 (BB)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
r	O NOT WRITE I	CE.	04162007	No Chg-P	CR2E0	34 (11/05)	
DO NOT WRITE IN THIS SPA				4. FEI Numb			Applied For Not Applicable
				5. Certificate	of Status Desired		\$8.75 Additional Fee Required
	6. Name and Address of Current Regi						
HILLEY & WYANT-CORTEZ, P.A. 860 US HIGHWAY ONE, STE. 108 NORTH PALM BEACH, FL 33408					NOT W THIS SP		
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_							
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agen) şignalurê rêquire	d when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.							
10.	OFFICERS AND DIRE	CTORS					
NAME STREET ADDRESS CITY-ST-ZIP	MOORE, ROGER A. 7721 NEW ELLENTON DRIVE BOYNTON BEACH, FL 33437			·	000000 05/10/07-) 73595! - 80 055-	5 -006 158.75
TITLE			1				

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

IIILE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2007

0122