

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P04390

1. Entity Name

MOORE & MOORE GENERAL CONTRACTORS, INC.



Principal Place of Business

530 SOUTH BROADWAY
LAPORTE, TX 77572

Mailing Address

PO BOX 1517
LAPORTE, TX 77572 US



02162007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

74-1591945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
#250
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000741618
05/15/07-80036-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MOORE, BRYAN JR
STREET ADDRESS	530 S. BROADWAY
CITY-ST-ZIP	LAPORTE, TX 77571
TITLE	STD
NAME	MOORE, DAVID
STREET ADDRESS	530 S. BROADWAY
CITY-ST-ZIP	LAPORTE, TX 77571
TITLE	PD
NAME	MOORE, ANN
STREET ADDRESS	530 S. BROADWAY
CITY-ST-ZIP	LAPORTE, TX 77571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Ann Moore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/07 281-604-0532