

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062040

Entity Name: WINDELL MOORE, CPA PA

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

6299 W. SUNRISE BLVD SUITE E217
SUNRISE, FL 33313 US

New Principal Place of Business:

6299 W. SUNRISE BLVD
219
SUNRISE, FL 33313 US

Current Mailing Address:

6299 W. SUNRISE BLVD SUITE E217
SUNRISE, FL 33313 US

New Mailing Address:

6299 W. SUNRISE BLVD
219
SUNRISE, FL 33313 US

FEI Number: 20-2741680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, WINDELL
6299 W. SUNRISE BLVD SUITE E217
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

MOORE, WINDELL
6299 W. SUNRISE BLVD SUITE
219
SUNRISE, FL 33313 US

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.

SIGNATURE:

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOORE, WINDELL
Address: 6299 W. SUNRISE BLVD SUITE E217
City-St-Zip: SUNRISE, FL 33313 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINDELL MOORE

PRES

03/16/2009

Electronic Signature of Signing Officer or Director

Date