

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000062040

Entity Name: WINDELL MOORE, CPA PA

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6299 W. SUNRISE BLVD  
219  
SUNRISE, FL 33313 US

**New Principal Place of Business:**

**Current Mailing Address:**

6299 W. SUNRISE BLVD  
219  
SUNRISE, FL 33313 US

**New Mailing Address:**

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  
219  
SUNRISE, FL 33313 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: WINDELL MOORE

P

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date