


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 22, 2008 08:00 AM
Secretary of State**

DOCUMENT # P05000082792 1. Entity Name GARRY S. MOORE, P.A.	
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04302008 No Chg-P CR2E034 (11/05)

Principal Place of Business 4005 GULF SHORE BLVD N- # 704 NAPLES, FL 34103	Mailing Address 4005 GULF SHORE BLVD N - # 704 NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3005669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, GARRY S
4005 GULF SHORE BLVD N - # 704
NAPLES, FL 34103

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, GARRY S 4005 GULF SHORE BLVD N- # 704 NAPLES, FL 34103
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06/04/08-80057-016 150.00

**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: Garry S. Moore Garry S. Moore 4-29-08 239-404-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #