

FILED
Apr 07, 2008 08:00 AM
Secretary of State

1. Entity Name
MOLER & COMPANY



Mailing Address
9200 BAYTOWNE BLVD
244
MIRAMAR BEACH, FL 32550

DO NOT WRITE IN THIS SPACE



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3689314

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOLER, MATTHEW
9200 BAYTOWNE BLVD
244
MIRAMAR BEACH, FL 32550

**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

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

(NOTE: Registered Agent signature required when reinstating)

4-2-08

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

DATE
000000882131
04/16/08-80028-019 150.00

10.	OFFICERS AND DIRECTORS
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TITLE	CEO
NAME	MOLER, MATT A MR.
STREET ADDRESS	9200 BAYTOWNE BLVD
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Maxine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-68

Date _____

Daytime Phone ()