

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000037534

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** LINDA G. MOORE, P.A.

**Current Principal Place of Business:**

704 NW STANFORD LANE  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

407 NW DORSET CT.  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

704 NW STANFORD LANE  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

407 NW DORSET CT.  
PORT ST. LUCIE, FL 34983

**FEI Number:** 20-4528287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, LINDA G  
704 NW STANFORD LANE  
PORT ST LUCIE, FL 34983 US

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

MOORE, LINDA G  
407 NW DORSET CT.  
PORT ST LUCIE, FL 34983 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: LINDA G. MOORE, P.A.

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: MOORE, LINDA G  
Address: 407 NW DORSET CT.  
City-St-Zip: PORT ST LUCIE, FL 34983

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: LINDA G. MOORE, P.A.

PRES

04/27/2012

Electronic Signature of Signing Officer or Director

Date