

2007 FOR PROFIT CORP ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

02-13-2007 90046 003 ***150.00

DOCUMENT # P06000099658			
1. Entity Name MOORE HOMEWORKS, INC.			
Principal Place of Business 1471 HWY 97TH SOUTH CANTONMENT, FL 32533		Mailing Address 1471 HWY 97TH SOUTH CANTONMENT, FL 32533	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt., #, etc.		Suite, Apt., #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5240327		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, MICHAEL 1471 HWY 97TH SOUTH CANTONMENT, FL 32533		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPS MOORE, MICHAEL 1471 HWY 97TH SOUTH CANTONMENT, FL 32533 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV MOORE, LONNIE 5636 VENTURA LANE PENSACOLA, FL 32526 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition <i>D Michael Daniels 7070 Homeplace Lane Moline FL 32577</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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; changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: <i>02/07/07</i> (850) 688-3425	