

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000115588

1. Entity Name
C & N MOORE, INC.



Principal Place of Business

12292 HOLSTEIN DRIVE
JACKSONVILLE, FL 32226 US

Mailing Address

12292 HOLSTEIN DRIVE
JACKSONVILLE, FL 32226 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-5579806

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, CURTIS E
12292 HOLSTEIN DRIVE
JACKSONVILLE, FL 32226

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

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

(NOTE: Registered Agent signature required when reinstating)

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 11

TITLE P
NAME MOORE, CURTIS E
STREET ADDRESS 12292 HOLSTEIN DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32226

Delete

TITLE S, T
NAME MOORE, NANCY T
STREET ADDRESS 12292 HOLSTEIN DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32226

Delete

TITLE D
NAME MOORE, CURTIS E
STREET ADDRESS 12292 HOLSTEIN DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32226

Delete

TITLE D
NAME MOORE, NANCY T
STREET ADDRESS 12292 HOLSTEIN DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32226

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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: *Nancy J. Moore, Nancy T. Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07 904-757-4387
Date Daytime Phone #