

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90179 004 ***150.00

DOCUMENT # P06000123792

1. Entity Name

MOORE PROPERTY SERVICES, INC.



Principal Place of Business

~~37 KINGSWOOD BLVD~~
~~WEST PALM BEACH FL 33417~~
4842 PAULIE CT N
WEST PALM BEACH, FL. 33415

Mailing Address

~~37 KINGSWOOD BLVD~~
~~WEST PALM BEACH FL 33417~~
4842 PAULIE CT. N
WEST PALM BEACH, FL. 33415



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

4842 PAULIE CT N

3. Mailing Address

4842 PAULIE CT. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

20-5618775

Applied For

Not Applicable

Zip

33415

Country

PALM BEACH

Zip

33415

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, JUDY

37 KINGSWOOD BLVD.
WEST PALM BEACH FL 33417

Name

MOORE, JUDY

Street Address (P.O. Box Number is Not Acceptable)

4842 PAULIE CT. N.

City

WEST PALM BEACH,

FL

Zip Code

33415

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

Make Check Payable to Florida Department of State

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 ☐ Delete
NAME MOORE, JUDY
STREET ADDRESS ~~37 KINGSWOOD BLVD~~ 4842 PAULIE CT. N
CITY-ST-ZIP WEST PALM BEACH FL ~~33417~~ 33415

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MOORE, NEIL
STREET ADDRESS ~~37 KINGSWOOD BLVD~~ 4842 PAULIE CT. N
CITY-ST-ZIP WEST PALM BEACH FL ~~33417~~ 33415

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Judy Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

561-337-5679

Daytime Phone #