

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 FEB -6 AM 10:16


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02052008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000011219

1. Entity Name
DONALD MOORE CONSTRUCTION, INC.



Principal Place of Business
**708 GEORGIA AVE.
CARRABELLE, FL 32322**

Mailing Address
**708 GEORGIA AVE.
CARRABELLE, FL 32322**

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

3. Mailing Address
Suite, Apt. #, etc.

City & State
Carrabelle FL

City & State

Zip
32322

Country
Franklin

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORE, DONALD
708 GEORGIA AVE.
CARRABELLE, FL 32322**

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 reinstating) DATE _____

**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

10. OFFICERS AND DIRECTORS

TITLE P	NAME MOORE, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS 708 GEORGIA AVE.		
CITY-ST-ZIP CARRABELLE, FL 32322		
TITLE V	NAME BARTON, CLINT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 708 GEORGIA AVE.		
CITY-ST-ZIP CARRABELLE, FL 32322		
TITLE S	NAME BAKER, CHRIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 708 GEORGIA AVE.		
CITY-ST-ZIP CARRABELLE, FL 32322		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200121258272	
CITY-ST-ZIP	03/25/08--01058--015 **150.00	
TITLE VP	NAME Ronnie Boozer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 708 Georgia Ave		
CITY-ST-ZIP Carrabelle Fla		
TITLE S	NAME Daniel Moore	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 708 Georgia Ave		
CITY-ST-ZIP Carrabelle Fl. 32322		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Daniel Moore **2-06-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #