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Jun 10, 2008 8:00 am
Secretary of State

04-18-2008 90024 025 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000041112

1. Entity Name
MOERS, INC.

66013838

03132008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
3124 WATERVIEW DRIVE MILTON, FL 32570	3124 WATERVIEW DRIVE MILTON, FL ~~32570~~ 32583

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4771 BAYOU BLVD.	
Suite, Apt. #, etc.: SUITE 5	Suite, Apt. #, etc.:
City & State: PENSACOLA, FL	City & State:
Zip: 32503 Country:	Zip: 32583 Country:

4. FEI Number 20-8811248 ☐ Applied For ☐ Not Applicable

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
MOERS, GERI D 3124 WATERVIEW DRIVE MILTON, FL 32570	Name: Street Address (P.O. Box Number Is Not Acceptable): City: FL Zip Code: 32583

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: Geri D-S Moers 4/15/08
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, 2008 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: D NAME: MOERS, GERI D STREET ADDRESS: 3124 WATERVIEW DRIVE CITY-ST-ZIP: MILTON, FL 32570	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 32583 ☑ Change ☐ Addition
TITLE: D NAME: MOERS, ROBERT J STREET ADDRESS: 3124 WATERVIEW DRIVE CITY-ST-ZIP: MILTON, FL 32570	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 32583 ☑ Change ☐ Addition
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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: Geri D-S Moers Geri D-S Moers 6/5/08 850/623-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #