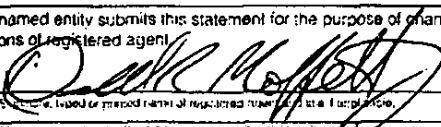


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

02-26-2008 90007 027 ***150.00

DOCUMENT # P07000097958					
1. Entity Name D MOFFETT INC.					
Principal Place of Business 442 W KENNEDY BLVD 270 TAMPA FL 33606			Mailing Address 442 W KENNEDY BLVD 270 TAMPA FL 33606		
2. Principal Place of Business - No P.O. Box # 1902 W. Kennedy Blvd			3. Mailing Address 1902 W. Kennedy Blvd		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Tampa FL		City & State Tampa FL		4. FEI Number 26-0778124	
Zip 33606		Country Hillsborough		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOFFETT, DONALD R JR 442 W KENNEDY BLVD 270 TAMPA FL 33606				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1902 W. Kennedy Blvd. City Tampa FL Zip Code 33606	
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  DATE 2-17-08 (NOTE: Registered Agent signature required when changing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P MOFFETT, DONALD R 442 W KENNEDY BLVD SUITE 270 TAMPA FL 33606	☐ 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	
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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 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: 			Date 2-17-08 44386-4391 Day/Mo/Year		