2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

05-05-2008 90240 001 ***150.00

DOCUMENT # P07000106203

1. Entity Name
ROBERT L. MOORE CONSULTING, INC.

Principal Place of Business	Mailing Address
420 SANTA FE ROAD WEST PALM BEACH, FL 33406-3166	420 SANTA FE ROAD WEST PALM BEACH, FL 33406-3166

66013858

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04152008 Chg-P CR2E034 (12/06)

4. FEI Number 26 1114181 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATTERBURY, WILLIAM W III ESQ
C/O ALLEY MAASS ROGERS & LINDSAY, P.A.
340 ROYAL POINCIANA WAY STE 321
PALM BEACH, FL 33480

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, 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	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOORE, ROBERT L		NAME	
STREET ADDRESS	420 SANTA FE ROAD		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 334063166		CITY-ST-ZIP	
TITLE	DVST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOORE, MARJORIE R		NAME	
STREET ADDRESS	420 SANTA FE ROAD		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 334063166		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Robert L Moore 4/18/08 561 718 5388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #