

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 - 08:00 AM
Secretary of State

DOCUMENT # P28635	
1. Entity Name MOORS & CABOT, INC.	
Principal Place of Business 111 DEVONSHIRE STREET BOSTON, MA 02109	Mailing Address 111 DEVONSHIRE STREET BOSTON, MA 02109



DO NOT WRITE IN THIS SPACE

04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-2644548	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**COHEN, JOSEPH R
1655 PALM BEACH LAKES BLVD
STE C1012
WEST PALM BEACH, FL 33401**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOREY, EDWARD
STREET ADDRESS	1111 BRICKEL BAY DRIVE #2008
CITY- ST- ZIP	MIAMI, FL 33131
TITLE	PD
NAME	JOYCE, DANIEL M
STREET ADDRESS	6 PIONEER TRAIL
CITY- ST- ZIP	MARSHFIELD, MA 02050
TITLE	D
NAME	BRAUN, MICHAEL
STREET ADDRESS	51 SURREY DRIVE
CITY- ST- ZIP	COHASSET, MA 02025
TITLE	S
NAME	MANNING, LILLIAN
STREET ADDRESS	108 WEST THIRD STREET
CITY- ST- ZIP	SO BOSTON, MA 02127
TITLE	T
NAME	FOLEY, BRIAN
STREET ADDRESS	31 PENNIMAN TERRACE
CITY- ST- ZIP	BRAINTREE, MA 02184
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/01/07-80133-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/07 6/31/0217