


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # P93000000477 1. Entity Name MOORE & MENKHAUS, P.A. |  |
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| Principal Place of Business 1900 GLADES RD SUITE 401 BOCA RATON, FL 33431 US | Mailing Address 1900 GLADES RD SUITE 401 BOCA RATON, FL 33431 US |
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02292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0378521 | Applied For <input type="checkbox"/> Not Applicable |
| 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 MENKHAUS, DAVID J 1900 GLADES RD SUITE 401 BOCA RATON, FL 33431 | DO NOT WRITE IN THIS SPACE |
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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)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | DATE 04/03/08-80069-008 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MOORE, W. RODGERS 1900 GLADES RD SUITE 401 BOCA RATON, FL 33431 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP MENKHAUS, DAVID J 1900 GLADES RD SUITE 401 BOCA RATON, FL 33431 |
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**DO NOT WRITE
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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:  **David J. Menkhaus** **561-394-7910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #