

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P95000012174**

1. Entity Name  
**HESS-MOORE ENTERPRISES, INC.**



Principal Place of Business  
3500 ALOMA AV  
STE D24  
WINTER PARK, FL 32792

Mailing Address  
3500 ALOMA AV  
STE D24  
WINTER PARK, FL 32792

**FILED**

2007 SEP 14 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3295693	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

MOORE, HEIDI A  
4014 HOLLOW CROSSING DR  
ORLANDO, FL 32817

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

200109774183  
09/21/07--01068--007 \*\*550.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MOORE, HEIDI A
STREET ADDRESS	4014 HOLLOW CROSSING DR
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	D
NAME	MOORE, THOMAS E
STREET ADDRESS	4014 HOLLOW CROSSING DR
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

9/14/07  
Date

407-671-4194  
Daytime Phone #