## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000028765

Entity Name: MOORE LEISURE, INC.

MOORE, DENNIS

14232 PALM STREET

MADEIRA BEACH, FL 33708 US

Name:

Address:

City-St-Zip:

FILED Apr 09, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 475 CENTRAL AVENUE THE KRESS BUILDING, SUITE 202 ST. PETERSBURG, FL 33701 US **Current Mailing Address: New Mailing Address:** C/O ERNEST L. MASCARA, PA 475 CENTRAL, SUITE 202 ST. PETERSBURG, FL 33701 US FEI Number: 59-3309138 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MASCARA, ERNEST L 475 CENTRAL AVENUE THE KRESS BUILDING, SUITE 202 ST. PETERSBURG, FL 33701 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MOORE, KATHRYN Name: Name: 14232 PALM STREET Address: Address: City-St-Zip: MADEIRA BEACH, FL 33708 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: BLACKBURN, JEFFREY Name: 3909 SUNBEAM ROAD, #607 Address: Address: JACKSONVILLE, FL 32257 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition BLACKBURN, SAMANTHA Name: Name: 3909 SUNBEAM ROAD, #607 Address: Address: JACKSONVILLE, FL 32257 US City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SAMANTHA BLACKBURN T 04/09/2007