

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000028765

Entity Name: MOORE LEISURE, INC.

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

4901 HARBOR LIGHTS DRIVE
SEMINOLE, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

C/O ERNEST L. MASCARA
PO BOX 266
ST. PETERSBURG, FL 33731 US

New Mailing Address:

FEI Number: 59-3309138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Title: VP () Delete
Name: MOORE, KATHRYN
Address: PO BOX 7747
City-St-Zip: SEMINOLE, FL 33775 US

Title: P () Delete
Name: BLACKBURN, JEFFREY
Address: 3909 SUNBEAM ROAD, #607
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP () Delete
Name: BLACKBURN, SAMANTHA
Address: 3909 SUNBEAM ROAD, #607
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: S () Delete
Name: MOORE, ANDREW D
Address: PO BOX 7747
City-St-Zip: SEMINOLE, FL 33775 US

Title: T () Delete
Name: MOORE, STUART H
Address: PO BOX 7747
City-St-Zip: SEMINOLE, FL 33775 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: KATHRYN MOORE

VP

04/03/2009

Electronic Signature of Signing Officer or Director

Date