

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90010 014 ***150.00

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1. Entity Name
MOORE SOLUTIONS, INC.



Principal Place of Business
1916 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34952 US

Mailing Address
1916 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34952 US

2. Principal Place of Business - No P.O. Box #
1645 S.E. Port St. Lucie Blvd
Suite, Apt. #, etc.

3. Mailing Address
1645 S.E. Port St. Lucie Blvd
Suite, Apt. #, etc.

City & State
Port St. Lucie, FL
Zip 34952 Country St Lucie

City & State
Port St. Lucie, FL
Zip 34952 Country St. Lucie

02212007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0697102

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HACKNEY, ROBERT C
11891 US HIGHWAY ONE
STE 100
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent
Name Robert C. Hackney, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Moyle, Flanigan et al.
625 N. Flagler Dr. - 9th FL
West Palm Bch FL Zip Code 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]

ROBERT C. HACKNEY, Esq.

3/5/07

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 MOORE, TERRANCE ☐ Delete
STREET ADDRESS 1916 SE PORT ST LUCIE BLVD
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE D
NAME MOORE, L. JAYNE ☐ Delete
STREET ADDRESS 1916 SE PORT ST LUCIE BLVD
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1641-1645 S.E. Port St Lucie Blvd.
CITY-ST-ZIP Port St Lucie, FL 34952

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1641-1645 S.E. Port St. Lucie Blvd
CITY-ST-ZIP Port St Lucie FL 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

ROBERT C. HACKNEY, Esq.

3/5/07

561-776-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #