

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000068533

Entity Name: MOORE SOLUTIONS, INC.

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1837 SE PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

1837 SE PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34952 US

**New Mailing Address:**

FEI Number: 65-0697102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HACKNEY, ROBERT C ESQ  
4119 LAKESPUR CIRCLE S.  
PALM BEACH GARDENS, FL 33410 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MOORE, TERRANCE CEO  
Address: 1837 SE PORT ST LUCIE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: D  
Name: MOORE, LINDA J PRES  
Address: 1837 SE PORT ST LUCIE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

I hereby 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 all other like empowered.

SIGNATURE: TERRANCE MOORE

CEO

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date