

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000087143**

1. Entity Name  
**KFC OF MOORE HAVEN, INC.**



Principal Place of Business  
**1403 WEST AVE. A  
BELLE GLADE, FL 33430**

Mailing Address  
**1403 WEST AVENUE A  
BELLE GLADE, FL 33430**



04142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0712392**

Applied For  
Not Applicable

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

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

**BARTON, LISA A  
533 1/2 SOUTH EAST AVENUE, E  
BELLE GLADE, FL 33430**

**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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HOOKS, RUDOLPH SR.  
STREET ADDRESS 1500 W. CANAL STREET, NORTH  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE STD  
NAME BARTON, LISA A  
STREET ADDRESS 533 1/2 SOUTH EAST AVENUE, E  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE D  
NAME ACREE, MICKEY K SR.  
STREET ADDRESS POST OFFICE BOX 757 N/A  
CITY-ST-ZIP MOORE HAVEN, FL 33471

TITLE D  
NAME VICKERY, SHIRLEY A  
STREET ADDRESS POST OFFICE BOX 652 N/A  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000348248  
05/02/05-80017-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Lisa A. Barton* Lisa A Barton

4-27-05

561-996-7491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #