

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90122 016 ***158.75

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1. Entity Name

MOORE SURVEYING & DESIGN, INC.



Principal Place of Business

5390 ORTEGA BLVD
JACKSONVILLE FL 32210

Mailing Address

5390 ORTEGA BLVD
JACKSONVILLE FL 32210

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7426

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

Country

Zip

32238

Country

4. FEI Number

59-3436322

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYES, DENNIS E
2320 THE WOODS DR W
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MOORE, HAROLD W
STREET ADDRESS 5125 ORTEGA FARMS BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ Delete
NAME DENISE, MOORE L
STREET ADDRESS 5125 ORTEGA FARMS BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32210

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 PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP OF MANAGEMENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP OF OPERATIONS ☐ Change ☒ Addition
NAME THOMAS F. QUINN, JR
STREET ADDRESS 276 IVY LAKES DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE VP OF ENGINEERING ☐ Change ☒ Addition
NAME WILLIAM S. SCOTT
STREET ADDRESS 14 LADYFISH STREET
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05
Date

(904) 384-7855
Daytime Phone #