

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030979

FILED
Jan 09, 2007
Secretary of State

Entity Name: MOORE SURVEYING & DESIGN, INC.

Current Principal Place of Business:

5268 HIGHWAY AVENUE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

PO BOX 61507
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 59-3436322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAYES, DENNIS E
2320 THE WOODS DR W
JACKSONVILLE, FL 32246 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: P () Delete
Name: MOORE, HAROLD W
Address: 5125 ORTEGA FARMS BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPMG () Delete
Name: DENISE, MOORE L
Address: 5125 ORTEGA FARMS BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Delete
Name: QUINN, THOMAS F
Address: 276 IVY LAKES DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: SCOTT, WILLIAM S
Address: 14 LADYFISH ST
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS F QUINN JR

VP

01/09/2007

Electronic Signature of Signing Officer or Director

Date