


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000062139</b> 1. Entity Name <b>THOMAS MOFFATT - YOUR REP, INC.</b>	
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Principal Place of Business <b>12085 GREEN GULF BOULEVARD PUNTA GORDA FL 33955</b>	Mailing Address <b>12085 GREEN GULF BOULEVARD PUNTA GORDA FL 33955</b>
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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1st MOORE      CR2E034 (10/04)

City & State Zip      Country	City & State Zip      Country
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4. FEI Number <b>65-0083389</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>MOFFATT, THOMAS 12085 GREEN GULF BOULEVARD PUNTA GORDA FL 33955</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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      **\$5.00** May Be  
 Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	DPT <input type="checkbox"/> Delete MOFFATT, THOMAS 12085 GREEN GULF BOULEVARD PUNTA GORDA FL 33955
TITLE	DVS <input type="checkbox"/> Delete MOFFATT, REBECA M 12085 GREEN GULF BOULEVARD PUNTA GORDA FL 33955
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000314034 04/18/05-80151-003 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: Thomas Moffatt      4-15-05      941-639-5317  
SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #