


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90049 005 ***150.00

DOCUMENT # P97000095264		
1. Entity Name RICHARD E. MOORE, INC.		

Principal Place of Business 629 HEATHERTON VILLAGE ALTAMONTE SPRINGS, FL 32714 US 1224 S. PENINSULA DR #205 DAYTONA BEACH, FL 32118	Mailing Address SAME PO BOX 151471 ALTAMONTE SPRINGS, FL 32715-471 US
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20021646



2. Principal Place of Business 1224 S. PENINSULA DR	3. Mailing Address SAME
Suite, Apt. #, etc. #205	Suite, Apt. #, etc.

03102005 Chg-P CR2E034 (10/03)

City & State DAYTONA BEACH	City & State
Zip 32118	Country FLORIDA

4. FEI Number 59-3482671	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOORE, RICHARD E 629 HEATHERTON VILLAGE ALTAMONTE SPRINGS, FL 32714 1224 S. PENINSULA DR #205 DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name RICHARD E MOORE Street Address (P.O. Box Number is Not Acceptable) 1224 S. PENINSULA DR #205 City DAYTONA BEACH FL Zip Code 32118	
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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 **Richard E Moore** DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, RICHARD E 1224 S PENINSULA DR # 205 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Richard E Moore** **MARCH 12, 2005** **407 341-3731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #