

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90040 049 ***150.00

DOCUMENT # P98000037754

1. Entity Name

MOORE ENGRAVING CRAFTS, INC.



Principal Place of Business

4242 SOUTH WEST 64TH AVENUE
DAVIE FL 33314

Mailing Address

4242 SOUTH WEST 64TH AVENUE
DAVIE FL 33314



2. Principal Place of Business - No P.O. Box #

4242 SW 64th Ave

3. Mailing Address

4242 SW 64th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

DAVIE, FLORIDA

City & State

DAVIE, Florida

4. FEI Number

65-0900680

Applied For

Not Applicable

Zip

33314

Country

BROWARD

Zip

33314

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, CHARLES

4242 SOUTH WEST 64TH AVENUE
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

Charles Moore

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

7791 NW 35th St.

City

Hollywood

FL

33024

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 filer (if applicable)

(NOT: Registered Agent signature required when restate(s))

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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	PD	<input type="checkbox"/> Delete
NAME	MOORE, CHARLES A	
STREET ADDRESS	7791 N.W. 35TH STREET	
CITY, ST, ZIP	HOLLYWOOD FL 33024	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOORE, BEATRICE C	
STREET ADDRESS	7791 N.W. 35TH STREET	
CITY, ST, ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Charles Moore Charles Moore

Jan 18, 2007

954/583-4861

Date

Daytime Phone #