


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000063345 1. Entity Name MOORE FARMS, INC.	
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Principal Place of Business 4144 W MAIN ST WAUCHULA, FL 33873	Mailing Address P O BOX 907 WAUCHULA, FL 33873
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04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0861642	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILKINSON, LOUISE D ONE LAKE MORTON DRIVE LAKELAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MOORE, DIANE P 4144 W MAIN ST WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, KENNY I 4144 WEST MAIN ST WAUCHULA, FL
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05/05/05-80023-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Diane Polk Moore, Diane Polk Moore Secretary 4/28/05 863-735-8593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #