


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-07-2004 90033 015 ***163.75

DOCUMENT # P99000104918 1. Entity Name MORAGHOT, INC.																											
Principal Place of Business 4780 NW 39TH AVE. 1 GAINESVILLE, FL 32606		Mailing Address 345 NIGHTINGALE STREET KEYSTONE HEIGHTS, FL 32656																									
2. Principal Place of Business 4780 N.W. 39th AVE		3. Mailing Address 345 NIGHTINGALE ST.																									
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. KEYSTONE HEIGHTS																									
City & State GAINESVILLE, FLORIDA		City & State FLORIDA																									
Zip 32606	Country ALACHUA	Zip 32656	Country FLA																								
4. FEI Number APPLIED FOR 59-3611453		+ Applied For Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent TULLIUS, NAPAPORN 345 NIGHTINGALE STREET KEYSTONE HEIGHTS, FL 32656		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">TULLIUS, NAPAPORN</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">345 NIGHTINGALE STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">KEYSTONE HEIGHTS, FL 32656</td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	TULLIUS, NAPAPORN		STREET ADDRESS	345 NIGHTINGALE STREET		CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: NAPAPORN M. TULLIUS <i>Napaporn M Tullius</i> 03/31/04 352-336-9099 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																											

66414347



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