


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90023 010 ***163.75

DOCUMENT # P99000104918
 1. Entity Name
 MORAGHOT, INC.



Principal Place of Business
 4780 NW 39TH AVE.
 STE. 1
 GAINESVILLE FL 32606

Mailing Address
 345 NIGHTINGALE STREET
 KEYSTONE HEIGHTS
 KEYSTONE HEIGHTS FL 32656

J0016331



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
 4780 N.W 39th AVE
 Suite) Apt. #, etc.

3. Mailing Address
 345 NIGHTINGALE ST.
 Suite, Apt. #, etc.

City & State
 GAINESVILLE, FL

City & State
 KEYSTONE Hgts. FL

Zip
 32606

Country
 ALACHUA

Zip
 32656

Country
 CLAY

4. FEI Number
 59-3611453

Applied For
 Not Applicable

5. Certificate of Status Desired \$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

FL Zip Code

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 *Napaporn M Tullius* DATE 02/13/05

Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re/instating)

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 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TULLIUS, NAPAPORN	
STREET ADDRESS	345 NIGHTINGALE STREET	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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* (NAPAPORN M. TULLIUS) DATE: 02/13/05 DAYTIME PHONE #: 352-336-4097

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