

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90230 031 \*\*\*158.75

**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

2. Principal Place of Business

4780 NW 39TH AVE

3. Mailing Address

345 NIGHTINGALE ST.

Suite/Apt. #, etc.

Suite/Apt. #, etc.

City & State

GAINESVILLE, FLORIDA

City & State

KEYSTONE HTS, FLORIDA

Zip

32606

Country

FLORIDA

Zip

32656

Country

FLORIDA

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

4. FEI Number

59-3611453

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
TULLIUS, NAPAPORN  
345 NIGHTINGALE STREET  
KEYSTONE HEIGHTS FL 32656

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NAME  
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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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: Napaporn M Tullius (NAPAPORN M. TULLIUS) 04/26/06 352 336-9097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #