

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90132 030 \*\*\*150.00

**DOCUMENT # S60982**

1. Entity Name

JAMES M. MORAN, P.A.



Principal Place of Business

7370 COLLEGE PKWY  
SUITE 212  
FORT MYERS FL 33907  
US

Mailing Address

7370 COLLEGE PKWY  
SUITE 212  
FT MYERS FL 33907  
US

2. Principal Place of Business

7370 College Pkwy  
Suite, Apt. #, etc.  
Suite 201

3. Mailing Address

7370 College Pkwy  
Suite, Apt. #, etc.  
Suite 201



1st MOORE CR2E034 (10/04)

City & State

Fl. Myers, Fla.

City & State

Fl. Myers Fla.

4. FEI Number

65-0268267

Applied For

Not Applicable

Zip

33907

Country

HEE

Zip

33907

Country

HEE

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORAN, JAMES M.  
7370 COLLEGE PKWY  
SUITE 212  
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name  
MORAN, JAMES M.  
Street Address (P.O. Box Number is Not Acceptable)  
7370 College Parkway  
Suite 201  
City FL Zip Code  
FL. Myers FL 33907

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

*J. Moran*

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

(NOTE Registered Agent signature required when reinstating)

4/5/05

DATE

**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 P ☐ Delete  
NAME MORAN, JAME M.  
STREET ADDRESS 1827 SE 43RD ST  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*J. Moran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05 (239) 277-9000  
Date Daytime Phone #