

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # V13242

1. Entity Name
MOORE, ELLISON & MCDUFFIE, C.P.A.'S, P.A.



Principal Place of Business
2627 MITCHAN DR
TALLAHASSEE, FL 32308 US

Mailing Address
2627 MITCHAN DR
TALLAHASSEE, FL 32308 US



DO NOT WRITE IN THIS SPACE

04152005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3134928

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDUFFIE, C GLEN
2627 MITCHAN DR.
TALLAHASSEE, FL 32308

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000308980

04/16/05-20019-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELLISON, LEA ANN
2627 MITCHAN DR.
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, CHARLOTTE L.
2627 MITCHAN DR.
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCDUFFIE, CHARLES G
2627 MITCHAN DR.
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

C. J. McDuffie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/05

Date

882-891-3149

Daytime Phone #