

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V36887

1. Entity Name
MICHAEL MOECKER & ASSOCIATES, INC.



Principal Place of Business Mailing Address
6861 SW 196 AVE, #201-04 6861 SW 196 AVE, #201-04
FORT LAUDERDALE, FL 33332 US FORT LAUDERDALE, FL 33332 US

DO NOT WRITE IN THIS SPACE

**FILED
Mar 17, 2006 8:00 am
Secretary of State**

03-17-2006 90117 023 ***150.00



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0339401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MOECKER, MICHAEL
STREET ADDRESS 2233 OVERLOOK DR
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE D
NAME KAPLAN, DON
STREET ADDRESS 19825 NW 10TH ST
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Donald J. Capo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

954-252-1560

Date

Daytime Phone #