

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-17-2006 90117 023 ***150.00

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1. Entity Name
MICHAEL MOECKER & ASSOCIATES, INC.



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

Mailing Address
**6861 SW 196 AVE, #201-04
FORT LAUDERDALE, FL 33332 US**



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0339401

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOECKER, MICHAEL E
2233 OVERLOOK DRIVE
MOUNT DORA, FL 32757**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

954-252-1560

Daytime Phone #