

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # V52065

1. Entity Name
MOORE AND ASSOCIATES, INC.



Principal Place of Business
**7270 LEWIS GROVE RD
GROVELAND, FL 34736**

Mailing Address
**7270 LEWIS GROVE RD
GROVELAND, FL 34736**



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3136395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, ALAN
7270 LEWIS GROVE RD
GROVELAND, FL 34736**

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, ALAN 7270 LEWIS GROVE RD GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, CAMILLE 7270 LEWIS GROVE RD GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000510311^M
04/23/06-80002-003 150.00^M

**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: Alan Moore **Alan Moore** 4-10-06 352-429-8377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #