


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90022 036 \*\*\*150.00

**DOCUMENT # 483548**

1. Entity Name  
**EFFECTIVENESS, INC.**



Principal Place of Business Mailing Address

4350 W. CYPRESS ST. P.O. BOX 25936  
 SUITE 434 P.O. BOX 25936  
 TAMPA, FL 33609 US TAMPA, FL 33622 US

24049113



2. Principal Place of Business 3. Mailing Address

4202 W CLEVELAND ST Suite, Apt. #, etc.

City & State City & State

Tampa FL

4. FEI Number Applied For

59-1616672 Not Applicable

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

Zip Country Zip Country

33609 US

04012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

MOORE, ROBERT B  
 4202 W. CLEVELAND ST.  
 TAMPA, FL 33605

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, ROBERT B	
STREET ADDRESS	4202 W. CLEVELAND ST.	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, PAUL A.	
STREET ADDRESS	29034 LANDBRIDGE STREET	
CITY-ST-ZIP	WESLEY CHAPEL, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, LYN	
STREET ADDRESS	4202 W. CLEVELAND ST.	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DAVID B	
STREET ADDRESS	857 TAYLOR RD	
CITY-ST-ZIP	LA CROSSIE, VA 23950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE: Robert B. Moore 4/3/04 813-2867322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #