

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90025 003 ***158.75

DOCUMENT # 387807

1. Entity Name
JACK MOORE & COMPANY, INC.



Principal Place of Business
**6013 MONTGOMERY AVE
PENSACOLA, FL 32526 US**

Mailing Address
**P.O. BOX 37010
PENSACOLA, FL 32526-1326**

54000248



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1351932

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORE, WM. JACKIE
2732 PLEASANT VALLEY DRIVE
CANTONMENT, FL 32533**

**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, 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
NAME	MOORE, WM. JACKIE
STREET ADDRESS	2732 PLEASANT VALLEY DR
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	MOORE, ELIZABETH M
STREET ADDRESS	2732 PLEASANT VALLEY DR
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	VP
NAME	BAUMERT, KEATON C
STREET ADDRESS	2320 JACKS BRANCH RD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	T
NAME	BARNARD, MONICA D
STREET ADDRESS	3440 SCHIFKO ROAD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	S
NAME	BAUMERT, MICKI M
STREET ADDRESS	2320 JACKS BRANCH ROAD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	BARNARD, WILLIAM H JR
STREET ADDRESS	3440 SCHIFKO RD
CITY-ST-ZIP	CANTONMENT, FL 32533

**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)(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 like empowered.

SIGNATURE: *Micki M. Baumert* **MICKI M. BAUMERT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/04

Date

850-944-5514

Daytime Phone #