

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**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**



01122005 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

*Jack Moore*  
Signature, typed or printed name of registered agent and title if applicable.

**WM. JACK MOORE PRESIDENT**

**12 JAN 05**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000184806  
01/20/05-80045-003 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MOORE, WM. JACKIE  
2732 PLEASANT VALLEY DR  
CANTONMENT, FL 32533**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MOORE, ELIZABETH M  
2732 PLEASANT VALLEY DR  
CANTONMENT, FL 32533**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BAUMERT, KEATON C  
2320 JACKS BRANCH RD  
CANTONMENT, FL 32533**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BARNARD, MONICA D  
3440 SCHIFKO ROAD  
CANTONMENT, FL 32533**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BAUMERT, MICKI M  
2320 JACKS BRANCH ROAD  
CANTONMENT, FL 32533**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BARNARD, WILLIAM H JR  
3440 SCHIFKO RD  
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:

*William H. Barnard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12 JAN 05 850-944-5514**

Date

Daytime Phone #