


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # H57888 1. Entry Name JO MOORE REALTY, INC.	
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Principal Place of Business ONE SAN JOSE PLACE 17 JACKSONVILLE, FL 32257 US	Mailing Address 12994 SILVER OAK DRIVE JACKSONVILLE, FL 32223 US
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05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2600984	Adopted For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOORE, IRIS JO 12994 SILVER OAK DRIVE JACKSONVILLE, FL 32223

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: Jo Moore Realty Inc. Iris Jo Moore Pres. DATE: 5-1-07

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOORE, IRIS JO 12994 SILVER OAK DRIVE JACKSONVILLE, FL 32223
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05/25/07-80013-008 158.75

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 907, 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: Iris Jo Moore DATE: 5-1-07 DAYTIME PHONE #: 904-292-1200

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR