

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90289 043 \*\*\*150.00

**DOCUMENT # K07668**

1. Entity Name  
JAC-MO, INC.



Principal Place of Business

7035 W. CARMIN RD  
BOCA RATON, FL 33433

Mailing Address

11278 EDGEWATER CIRCLE  
WELLINGTON, FL 33414

45001-11



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0018415

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAMEL, C. RICHARD, JR.  
212 N. FEDERAL HWY.  
DEERFIELD BEACH, FL 33441

**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 J Moore*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*11/15/04*

**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	RES
NAME	MOORE, PHYLLIS A.
STREET ADDRESS	11278 EDGEWATER CIRCLE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	V
NAME	MCMILLAN, SCOTT, R
STREET ADDRESS	3912 NW 25TH WAY
CITY-ST-ZIP	BOCA RATON, FL
TITLE	T
NAME	MCMILLIAN, THERESA
STREET ADDRESS	3912 NW 25TH WAY
CITY-ST-ZIP	BOCA RATON, FL
TITLE	RES
NAME	MOORE, JACK J
STREET ADDRESS	11278 EDGEWATER CIRCLE
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

*Jack J Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/15/04*