


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90977 022 ***150.00

DOCUMENT # K07668 1. Entity Name JAC-MO, INC.	
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Principal Place of Business 1241 SR 7 ROYAL PALM BEACH, FL 33411	Mailing Address 11278 EDGEWATER CIRCLE WELLINGTON, FL 33414
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3912 NW 25th WAY Suite, Apt. #, etc.
City & State	City & State BOCA RATON, FL
Zip 33434	Country

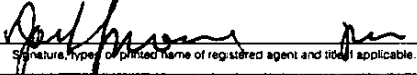
04262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0018415	Applied 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 SHAMEL, C. RICHARD, JR. 212 N. FEDERAL HWY. DEERFIELD BEACH, FL 33441	7. Name and Address of New Registered Agent Name JACK MOORE Street Address (P.O. Box Number is Not Acceptable) 3912 NW 25th WAY City BOCA RATON FL Zip Code 33434
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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: 	(NOTE: Registered Agent signature required when reinstating)	DATE: 1/4/26/05
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, PHYLLIS A. 11278 EDGEWATER CIRCLE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3912 NW 25th WAY BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMILLAN, SCOTT, R 3912 NW 25TH WAY BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMILLIAN, THERESA 3912 NW 25TH WAY BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, JACK J 11278 EDGE WATER CIRCLE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3912 NW 25th WAY BOCA RATON FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: 1/4/26/05	Daytime Phone #
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