

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008086

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** MOE'S FLORIDA MARKETING CO-OP, INC.

**Current Principal Place of Business:**

450-106 STATE ROAD 13 NORTH  
SUITE #213  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

450-106 STATE ROAD 13 NORTH  
SUITE #213  
JACKSONVILLE, FL 32259

**New Mailing Address:**

**FEI Number:** 80-0460118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHASTEEN, BRAD  
450-106 STATE ROAD 13 NORTH  
#213  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHASTEEN, BRAD  
Address: 450-106 STATE ROAD 13 NORTH, SUITE #213  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D  
Name: CAMPBELL, GUY  
Address: 450-106 STATE ROAD 13 NORTH, SUITE #213  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D  
Name: SOLOMON, NEIL  
Address: 450-106 STATE ROAD 13 NORTH, SUITE #213  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D  
Name: ATKISSON, ROB  
Address: 450-106 STATE ROAD 13 NORTH, SUITE #213  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D  
Name: HEIDGERKEN, JASON  
Address: 450-106 STATE ROAD 13 NORTH, SUITE #213  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D  
Name: SILVERMAN, MIKE  
Address: 450-106 STATE ROAD 13 NORTH, SUITE #213  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRAD CHASTEEN

MR

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date