


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000092764
1. Entity Name
MAWMAN AND MOORE, INC.



Principal Place of Business Mailing Address
408 S. PONCE DE LEON BLVD. 408 S. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3672776 Not Applicable

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

6. Name and Address of Current Registered Agent

NOE, WILLIAM G JR.
599 ATLANTIC BLVD., SUITE 6
ATLANTIC BEACH, FL 32233

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

000000022255
01/30/04-80037-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	MAWMAN, GRAHAM
STREET ADDRESS	408 S. PONCE DE LEON BLVD.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	PD
NAME	MOORE, SHELLY J
STREET ADDRESS	408 S. PONCE DE LEON BLVD.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Shelly Moore* 1-27-04 904-808-0666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #