

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90263 025 \*\*\*150.00

**DOCUMENT # P01000008116**

1. Entity Name

CAROL MOORE CONSULTING GROUP, INC.



Principal Place of Business

12156 FT CAROLINE RD  
JACKSONVILLE, FL 32225

Mailing Address

12156 FT CAROLINE RD  
JACKSONVILLE, FL 32225

44000070



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3715922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MOORE, THOMAS P  
12156 FT CAROLINE RD  
JACKSONVILLE, FL 32225

**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

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

(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

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME MOORE, CAROL J  
STREET ADDRESS 12156 FT CAROLINE RD  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE DV  
NAME MOORE, THOMAS P  
STREET ADDRESS 12156 FT CAROLINE RD  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE DST  
NAME MOORE, THOMAS P  
STREET ADDRESS 12156 FT CAROLINE RD  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04 (904) 445-9649